

Ministry
of Health

Annual Report 1985/86



**Province of
British Columbia**

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**Ministry
of Health**

Annual Report 1985/86

Honourable Peter Dueck
Minister of Health

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May 1, 1987

The Honourable ROBERT GORDON ROGERS
Lieutenant-Governor of the Province of British Columbia

MAY IT PLEASE YOUR HONOUR:

The Annual Report of the Ministry of Health for 1985/86 is herewith respectfully submitted.

Peter Dueck
Minister of Health

Ministry of Health
Victoria, B.C.

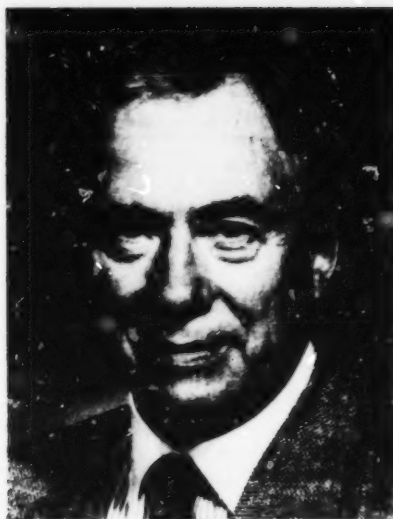
March 31, 1987

The Honourable Peter Dueck,
Minister of Health,
Victoria, B.C.

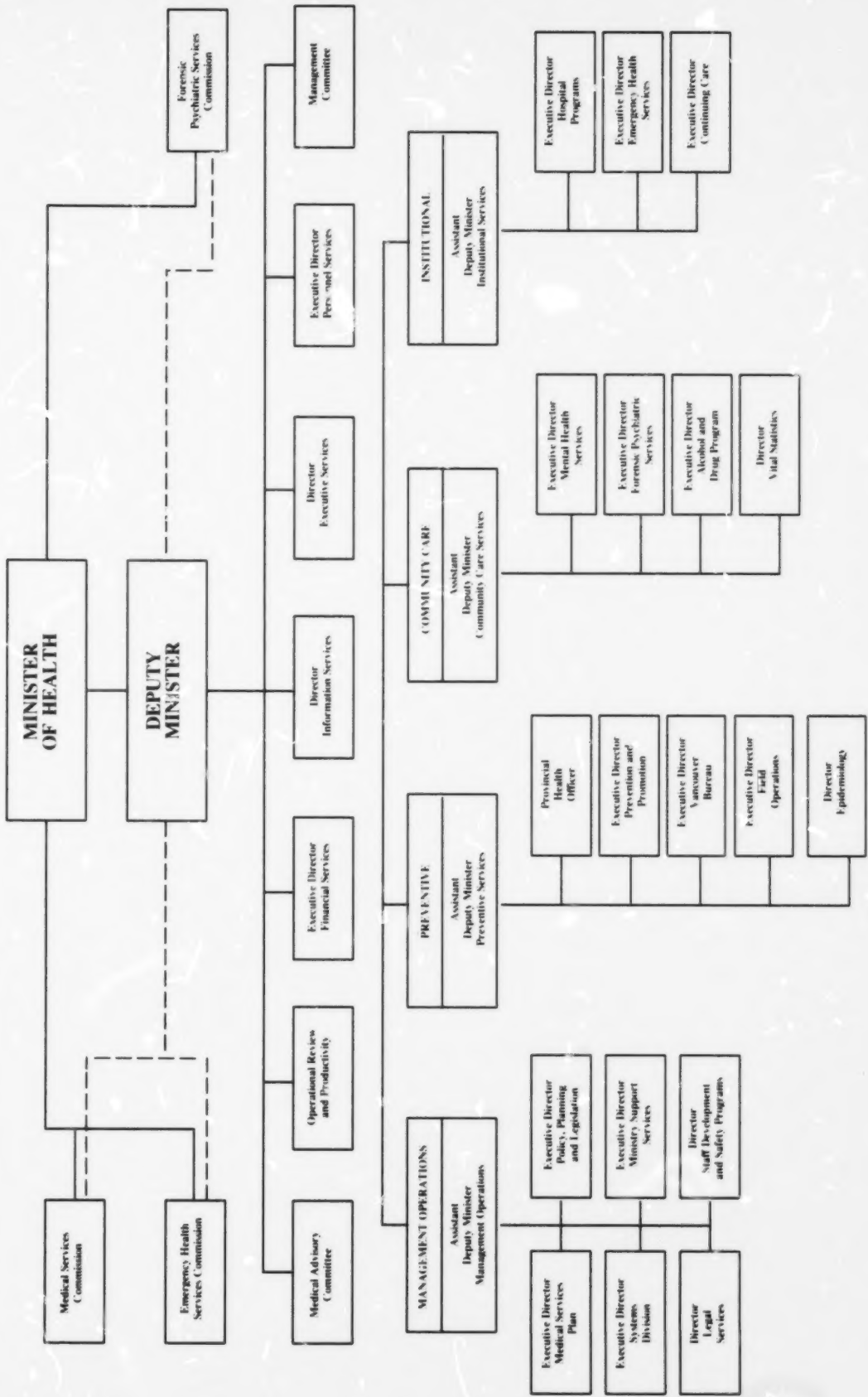
Sir:

I have the honour to submit the Annual Report of the Ministry of Health for 1985/86.

S. P. Dubas
Deputy Minister of Health



Ministry Organization as at March 31, 1986



Contents

	Page
Management Operations	1
Ministry Support Services	2
Financial Services	2
Legal Services	3
Systems Division	3
Personnel Services	3
Operational Review and Productivity Branch	4
Policy, Planning and Legislation	4
Information Services	5
Executive Services	5
Medical Services Plan	7
Preventive Services	21
Program Management	22
Epidemiology	23
Health Promotion	23
Fitness	23
Vision Services	24
Field Operations	24
Field Administration	24
Public Health Nursing	24
Public Health Inspection	24
Nutrition	25
Dental Health	25
Speech and Hearing	25
Vancouver Bureau	27
Provincial Laboratory	27
Sexually Transmitted Disease Control	27
Tuberculosis Control	27
Medical Supply Service/Kidney Dialysis Service	27
Government Medical Services	27
Community Care Services	29
Alcohol and Drug Programs	30
Forensic Psychiatric Services	33
Mental Health Services	35
Vital Statistics	37
Institutional Services	39
Emergency Health Services	40
Continuing Care	41
Hospital Programs	47
Ministry of Health Expenditures	53

ACTS UNDER THE JURISDICTION OF THE MINISTER OF HEALTH

Anatomy Act

Barbers Act

Chiropractors Act

Community Care Facility Act

Dental Technicians Act

Dentists Act

Forensic Psychiatry Act

Hairdressers Act

Health Act

Health Emergency Act

Health Science Centre (UBC) Act

Hearing Aid Act

Heroin Treatment Act

Hospital Act

Hospital (Auxiliary) Act

Hospital District Act

Hospital Insurance Act

Hospitals Amalgamation Act

Human Tissue Gift Act

Marriage Act

Medical Practitioners Act

Medical Service Act

Medical Service Plan Act, 1981

Mental Health Act

Ministry of Health Act

Name Act

Naturopaths Act

Nurses (Licensed Practical) Act

Nurses (Registered Psychiatric) Act

Nurses (Registered) Act

Optometrists Act

Pharmacists Act

Physiotherapists Act

Podiatrists Act

Psychologists Act

Public Toilet Act

Tuberculosis Institution Act

Venereal Disease Act

Vital Statistics Act

Wills Act (Part II)



Management Operations

MANAGEMENT OPERATIONS

Management Operations is responsible for providing support services to the programs of the Ministry, and for corporate management of Ministry affairs. The Medical Services Plan of British Columbia is also a responsibility of Management Operations.

Ministry Support Services

Ministry Support Services is responsible for a range of support services to all segments of the Ministry, including health units, mental health centres, government hospitals and institutions, and a variety of health service agencies and societies.

Materiel Management Branch is responsible for Ministry procurement, administration of all Ministry warehousing and distribution services, operation of all industrial manufacturing and repair services, and bulk transportation services. It provides direct service of equipment and supplies for over 500 institutional clients and over 400 individuals requiring in-the-home renal dialysis, total parenteral nutrition, hemophilia management or specialized nutritional supplements.

The Space Planning and Facilities Management Branch is responsible for administering the annual Ministry budget for building occupancy purposes, and ensures that the Ministry receives the best possible value for occupancy funds expended to support Ministry programs. It has secured accommodation in over 500 facilities for Ministry personnel throughout the province.

Management Services Branch is responsible for providing general support to facilitate the efficient delivery of health services to the public. Included are management engineering, forms management, vehicle fleet management, communications, printing, mail, records management, asset management, and the Speech and Hearing Technical Laboratory. There is active participation in the British Columbia Hearing Aid Program through the provision of specialty hardware, technical expertise, and hearing aid supplies.

Significant accomplishments during 1985/86 include:

- The transfer of the Emergency Health Services warehouse from Richmond to Port Coquitlam, decreasing space and staffing costs and improving stock control;
- The reorganization of the Emergency Disaster Supplies, giving better control and security, saving space and lowering costs by over \$100,000 a year.
- The conversion of Riverview Hospital to a new telephone system, improving service while saving \$95,000 a year;
- A 10% reduction of the space occupied by the Ministry, decreasing the annual accommodation cost by \$876,000 with no discernible effect on program service delivery;
- Computerization of a number of warehouse inventories, for improved control and expected savings due to better stock turnover;
- Development of a fleet management plan for 516 Ministry-controlled vehicles, giving better control and utilization and leading to improvements in vehicle reliability.

Financial Services

Financial Services is responsible for developing, implementing and operating the Ministry's financial management and control systems. This is accomplished through the operation of three branches within the Division: Financial Analysis, Planning and Budgets; Financial Policy and Internal Monitoring; and Accounting Operations.

In 1985/86, the Division made significant progress toward the implementation of a Regional Financial Services Office on the Lower Mainland that will consolidate a number of the financial operations presently being provided on the Lower Mainland. The Regional Office will open early in the 1986/87 fiscal year.

The *Financial Administration Act* requires that ministries establish and maintain adequate systems to account for control and report on their financial and physical resources. For this purpose the Division implemented the "Walker" General Ledger System. This system allows the Ministry to produce specialized financial reports for management.

Legal Services

Legal Services provides professional legal advice to the Ministry in all areas of law, particularly health and hospital law and related medical-legal concerns.

The lawyers in the Branch are employed by the Ministry of Attorney General.

Systems Division

The purpose of the Systems Division is to improve and maintain the quality of operational and management information available to the Ministry and, where appropriate, to external contacts of the Ministry. The Division provides consulting services, systems analysis, systems maintenance and operational systems support to all Ministry programs.

In 1985/86, the Ministry continued to introduce new operational systems and to refine existing systems. A number of program areas initiated activities related to the improvement of monitoring and management information.

Major activities in the 1985/86 fiscal period included completion of the Registration and Premium Billing systems rewrite; continued introduction of cost-justified office automation technology; analysis of the information requirements for Riverview Hospital and the Vancouver Bureau; development of a Mental Health management information system; implementation of the "Walker" financial system; and installation of a packaged application system for Vital Statistics.

Personnel Services

This division provides Ministry management with assistance and direction in the employment, retention and development of human resources, and assists the Ministry in negotiations to establish payment levels for fee-for-service health-care professionals.

The Personnel Administration Branch provides generalist personnel services in the areas of recruitment and selection, classification and labour relations, as well as having responsibility for personnel documentation and related files and records.

The Labour Management Services Branch provides specialist services and is involved with negotiations, grievances, contract interpretation, preparation for arbitration, and strike contingency planning.

The Organization and Classification Branch provides specialist services in establishment, organization and classification for the Ministry.

The Employee Data System was enhanced substantially and, as a result, timely and informative management reports are produced on a regular basis. All regional personnel offices, with the exception of Burnaby, have direct on-line access to the system.

An internal review of the range of personnel services being provided was completed. A number of proposed changes have been implemented, while others have been assigned to task groups for completion during 1986. Improvements in effect range from improved communication at all levels to simplifying staffing procedures.

Operational Review and Productivity Branch

The Operational Review and Productivity Branch provides independent assessment to senior management as to the efficiency, effectiveness and economy of operations, management controls and information systems in the Ministry. Also, the Branch provides assistance to the private sector health-care product manufacturing and service industries.

During 1985/86, the Branch completed organizational and staffing reviews of the Maples Adolescent Treatment Centre and the Forensic Psychiatric Institute. An operational review and reorganization proposal was completed for Ministry Support Services and reviews of Mental Health patient transport billings and hospital purchasing practices were also completed. Participation of the Branch in the reorganization of Dietary Services at Riverview Hospital and the development of Third Party Liability options continued throughout the year. Assistance was provided to several private sector firms wishing to manufacture health care products or promote sales in British Columbia.

Policy, Planning and Legislation

The Policy, Planning and Legislation Division is responsible for health economics; health manpower and corporate planning; policy recommendations for ministerial, inter-ministerial and inter-governmental decisions; co-ordination of legislation; and research and evaluation of selected Ministry programs.

The Policy Branch prepared materials for the Deputy Minister and the Minister for Provincial and Federal conferences, developed Cabinet submissions, and supported the Ministry Executive with a wide range of reports and information. A number of policy and position papers were prepared throughout the year on current issues.

The Legislation section of the Policy Branch co-ordinated the legislative program for the Ministry. During the year, major amendments were made to the *Medical Service Act* and to the *Vital Statistics Act* and a number of miscellaneous amendments were made to 12 other statutes. In addition, considerable preparatory work was done for legislation to be introduced during the following year. Amendments to all regulations and rules, and drafting of Orders In Council, other than for appointments to hospital boards, were co-ordinated by the Legislation section.

The Health Economics and Planning Branch conducted a number of projects relating to the utilization and funding of health care. Corporate planning in the Ministry was supported through updated environmental assessments, the development of internal strategy papers and continued progress in determining and developing Ministry-wide planning information.

The Branch also funded the Health Manpower Research Unit of the University of British Columbia and staff served on the Health Manpower Working Group, which reports to the Deputy Minister of Health and includes representatives from the Ministries of Labour and Post-Secondary Education. This group gathers and evaluates relevant data on health manpower, and facilitates appropriate manpower studies so that the Ministry of Health can co-ordinate its present and future needs with other Ministries. In 1985/86, the biennial publications *Roll Call* and *Production* were completed, which present an inventory of the numbers, distribution and characteristics of various health professional groups and their training programs.

The Research and Evaluation Branch provided research, statistical analysis, and evaluation services to various programs within the Ministry. Completed projects include a major review of the scientific literature about the efficacy of acupuncture, a survey of over 1,000 fitness facilities in worksites throughout the province, a study of the mental and physical factors in disease, and an evaluation of a prenatal food guide. Continuing projects include the evaluation of digital diagnostic imaging at the Victoria General Hospital, a home nursing program at Smithers, Short Stay Assessment and Treatment Centers, and the AIDS blood testing program. Assistance was also provided to the B. C. Health Care Research Foundation and to the federal Department of Health and Welfare for its health risk factor survey.

Information Services Branch

The Information Services Branch is responsible for developing and implementing the Ministry's public information programs.

The Branch co-ordinates media relations for the Ministry, prepares news releases, speeches and other editorial material, and co-ordinates the production of publications and audio-visual materials to promote a healthy lifestyle and to describe Ministry programs and services. It also operates the Ministry's main library and co-ordinates the Suggestion Award Program within the Ministry.

During 1985/86, Information Services was closely involved in the development of two major public information campaigns. The "Partners in Health" campaign was aimed at increasing public awareness of British Columbia's health system and the need to use physicians' services responsibly. The campaign comprised four television commercials, broadcast from January to March, 1986, and a brochure distributed through doctors' offices and community health unit offices. A second campaign was aimed at informing the general public about AIDS (Acquired Immune Deficiency Syndrome). This campaign included brochures for the general public and for health-care workers, a series of radio announcements, and a prominent advertisement placed in all of the province's daily newspapers.

Executive Services Branch

Executive Services has two roles: one is to administer the Special Care Services Grant Program; the other is to provide support services to the Deputy Minister, the Assistant Deputy Minister, Management Operations, and the Senior Medical Advisor.

The Special Care Services Grant Program encompasses several areas of responsibility:

Rural Health provides planning and delivery of primary health care services to rural and isolated communities through travelling physicians, provision of nurses, and community health clinics in various areas of the province.

Services to Children oversees the operation of child development centres designed and staffed to deal specifically with the treatment of disabled children in their own communities.

Urban Health Centres provide integrated health services for special needs patients.

General Grants Program funds a wide range of community agencies to deliver a range of services in the areas of treatment, prevention, rehabilitation and education to enhance established statutory health programs.



Medical Services Plan

MEDICAL SERVICES PLAN

On July 1, 1968, British Columbia established a universal Medical Services Plan, administered and operated in accordance with the *Medical Service Act* and Regulations, under the supervision of the Medical Services Commission. The Commission is empowered to function as the public authority appointed by the Provincial Government to be responsible to the Minister of Health for the administration and operation of the Plan established under the regulations. The senior official responsible for the over-all operation of the Plan is the Executive Director.

The Medical Services Plan provides payment for all medically required services of physicians and surgeons and for specified dental surgery when necessarily performed in hospital by a dental surgeon. The Federal Government contributes to the cost of this basic coverage. The Provincial Government has, at its own expense, added various extra health benefits, including chiropractic, podiatry, optometry, physiotherapy and massage treatments, and naturopathic medicine.

The Medical Services Plan:

- (a) registers all subscribers;
- (b) collects premiums, either directly or through employers;
- (c) provides a program of premium assistance for specified low-income earners; and
- (d) provides reimbursement to qualified practitioners for insured (medically required) services rendered to eligible subscribers.

The Medical Services Plan is funded approximately 39% by premiums, with the balance from Provincial consolidated revenue and the Federal Government.

Payment for the services provided is made on a fee-for-service basis, according to a tariff of fees approved by the Commission, or on a salaried, sessional, or contract basis at levels approved by the Commission.

Premium assistance, at 50% and 90%, depending on the previous year's taxable income, is available for persons who are eligible under the *Medical Service Act*. Premium assistance was provided to approximately 20% of all persons covered by the Plan in 1985/86.

In May, 1985, the *Medical Service Amendment Act*, came into force in British Columbia. It amends the *Medical Service Act* to permit the Medical Services Commission to issue "practitioner numbers" to practising physicians in a manner that should improve geographic distribution of physicians, and thus improve availability of medical services to insured persons throughout the province. The regulations to this Act contain general guidelines for determining overall medical manpower levels in different regions of the province.

Individual hospitals and Regional Hospital Districts, having established medical manpower committees as requested by the Medical Services Plan in the prior year, continued to develop medical manpower plans for local areas and regional districts. By fiscal year-end, various hospitals in approximately two-thirds of all Regional Hospital Districts had filed completed or draft medical manpower plans.

Statistical Highlights

The total expenditure for insured services under the Medical Services Plan for 1985/86 increased by \$22,398,528, or 2.59%, over 1984/85. Total Plan expenditure, including administrative costs, increased by \$24,981,786, or 2.80%, over the previous year. Total expenditures over the past 10 years have grown by 212.57%.

Payments for medical services reimbursed on a fee-for-service basis rose by 2.20% from 1984/85 and by 215.16% from 1975/76. Payments for supplementary benefits increased by 8.28% from 1984/85 and by 281.85% from 1975/76.

The number of physicians claiming payment from the Plan increased by 3.5% from 1984/85 and the number of supplementary benefit practitioners rose by 10.7% from 1984/85.

The number of physicians receiving permanent practitioner numbers issued in 1985/86 rose by 100.7% over 1984/85, while the British Columbia population increased by 0.9%.

On a regional basis, the average cost per capita for medical services was \$314.24 in the Greater Vancouver region, followed by \$313.79 for the Capital region. The lowest medical services cost was seen in the North region, at \$178.83 per capita. The provincial average was \$268.53 per capita. Other regional per capita costs were: Okanagan-Kootenays, \$237.01; Vancouver Island and Coast, \$228.20; Fraser Valley, \$224.94; and Central Interior, \$214.06.

Regional differences in medical services utilization can partly be explained by differences in age distribution of the population within the region. The Capital and Greater Vancouver regions have relatively high proportions of elderly persons — 18.2% and 12.7% over 65 years of age respectively, compared with the provincial average of 11.9%.

Access to medical services will also influence utilization; the Capital region has a ratio of population to physician of 375:1, while the North region has a ratio of 893:1. The provincial average was 501:1, compared with the Canadian average of 577:1 for 1985/86.

Note regarding interpretation of the following statistical tables: Since all tables related to claims payments for the two years (1984/85 and 1985/86) were compiled on a cash basis, the data is not truly comparable with audited year-end financial statements which are based on accrual accounting.

TABLE 1

Personnel deployment within the Medical Services Plan during 1985/86 was distributed among the departments as follows:

Branch	Numbers	Percentage
Registration and Premium Billing	191.7	35.4
Claims Processing	178.3	33.0
Data Entry	129.7	24.0
Remaining divisions ¹	41.2	7.6
Total	540.9	100.0

¹ Includes Plan Operations/Support Services, Salaried/Sessional, Vancouver Office, Executive Director's Office.

TABLE 2
Medical Services Commission
Summary of Expenditures — 1975/76 to 1985/86¹

Year	Medical Fee-for-Service	Salaried and Sessional	Supplementary Benefits	Administration	Total
	\$	\$	\$	\$	\$
1975/76	249,885,098	15,437,520	15,186,511	12,659,521	293,168,650
1976/77	268,496,749	14,880,410	17,090,707	13,040,063	313,507,929
1977/78	298,900,495	17,749,957	17,436,161	13,207,188	347,293,801
1978/79	337,513,465	19,484,932	21,132,210	16,856,376	394,986,983
1979/80	384,735,825	23,200,389	23,534,808	19,883,088	451,354,110
1980/81	445,734,331	28,368,006	28,567,705	21,435,615	524,105,657
1981/82	562,663,997	35,113,464	34,868,280	23,661,014	656,306,755
1982/83	671,614,777	36,376,585	44,791,468	22,086,006	774,868,836
1983/84	753,796,110	41,462,052	48,927,947	20,556,814	864,742,923
1984/85	771,013,078	41,918,756	53,057,847	25,378,115	891,367,796
1985/86	787,991,552	42,944,957	57,451,700	27,961,373	916,349,582

¹ Based on accrual accounting and therefore matches the audited year-end financial statements.

Medical Services Commission expenditures do not include expenses of the Dental Care Plan 1980/81 to 1983/84.

TABLE 3
Medical Services Commission
Fee-for-service payments
Medical practitioners and dental surgery in hospital
Distribution of fee-for-service payments for medical services

Specialty	Amount Paid		Percentage of Total		Cost Per Person ¹	
	1984/85	1985/86	1984/85	1985/86	1984/85 ²	1985/86
	\$	\$	%	%	\$	\$
General Practice	306,187,681	318,114,347	40.12	40.29	106.418	109.680
Pathology	86,022,696	86,122,328	11.27	10.91	29.898	29.693
Radiology	58,699,942	61,337,444	7.69	7.77	20.402	21.148
Internal Medicine	55,589,199	60,197,536	7.28	7.62	19.320	20.755
General Surgery	37,471,318	37,142,911	4.91	4.71	13.023	12.806
Ophthalmology	32,432,254	33,829,715	4.25	4.28	11.272	11.664
Anaesthesia	29,323,824	29,982,056	3.84	3.80	10.192	10.337
Obstetrics and Gynaecology	26,246,438	26,596,233	3.44	3.37	9.122	9.170
Psychiatry	22,632,281	23,722,462	2.97	3.00	7.866	8.179
Orthopaedic Surgery	20,441,077	20,941,930	2.68	2.65	7.105	7.221
Paediatrics	16,300,726	15,821,155	2.14	2.00	5.666	5.455
Urology	12,190,667	13,068,547	1.60	1.66	4.237	4.506
Ear, Nose and Throat	11,841,812	12,065,823	1.55	1.53	4.116	4.160
Dermatology	8,817,972	9,076,871	1.16	1.15	3.065	3.130
Neurology	7,104,565	7,604,985	.93	.96	2.469	2.622
Thoracic Surgery	6,947,790	7,595,618	.91	.96	2.415	2.619
Out-of-Province	6,538,442	6,944,557	.86	.88	2.273	2.394
Plastic Surgery	6,299,347	6,616,907	.82	.84	2.189	2.281
Neuro Surgery	3,830,018	4,196,132	.50	.53	1.331	1.447
Dental Surgery in hospital	3,942,793	3,993,877	.52	.51	1.370	1.377
Nuclear Medicine	1,387,602	2,155,798	.18	.27	.482	.743
Physical Medicine	1,716,544	1,893,413	.22	.24	.597	.653
Microbiology	306,465	556,841	.04	.07	.107	.192
Neurology and Psychiatry	554,163	270,793	.07	.03	.193	.093
Osteopathy	344,870	188,600	.05	.02	.120	.065
Paediatric Cardiology	40,690	180,509	.01	.02	.014	.062
Public Health	60,924	58,912	.01	.01	.021	.020
Miscellaneous and Recoveries	(148,470)	(656,836)	(.02)	(.08)	(.052)	(.227)
Total Medical ³	763,123,630	789,619,464	100.00	100.00	265.231	272.245

¹ Based on insured population at October 1, as derived from Statistics Canada (October 1, 1984 = 2,877,200; October 1, 1985 = 2,900,400).

² Modified according to new population estimates.

³ This detail is based on cash accounting.

TABLE 4

Supplementary benefits, fee-for-service
Distribution of fee-for-service payments for insured service, supplementary benefits

Type of Service	Amount Paid		Percentage of Total		Cost per person ¹	
	1984/85	1985/86	1984/85	1985/86	1984/85 ²	1985/86
	\$	\$	%	%	\$	\$
Chiropractic	21,765,661	23,029,313	41.02	40.09	7.565	7.940
Physiotherapy and Massage	14,427,374	16,425,605	27.19	28.59	5.015	5.663
Optometric	11,140,504	11,877,418	21.00	20.67	3.872	4.095
Podiatry	4,574,921	4,841,219	8.62	8.43	1.590	1.669
Naturopathic	917,648	1,072,773	1.73	1.87	.319	.370
Orthodontic	190,992	190,744	.36	.33	.066	.066
Unclassified	40,748	14,628	.08	.02	.014	.005
Total Benefits ¹	53,057,848	57,451,700	100.00	100.00	18.441	19.808

¹ Based on insured population at October 1, as derived from Statistics Canada (October 1, 1984 = 2,877,200; October 1, 1985 = 2,900,400).

² Modified according to new population estimates.

³ This detail is based on cash accounting.

TABLE 5
Medical Services Commission
Distribution of medical fee-for-service payments
and services by type of service

Type of Service	Number of Services		Amount Paid	
	1984/85	1985/86	1984/85	1985/86
General Practitioner			\$	\$
Complete examination	1,220,500	1,220,026	46,299,866	46,377,386
Regional examination	9,578,181	9,918,695	167,510,167	174,181,613
Subsequent office visit	16,887	9,257	313,739	172,043
Night, Sunday, Holiday or emergency visit	946,446	960,446	31,648,897	32,053,706
First house visit	153,783	152,344	5,162,264	5,117,994
Hospital visit	1,510,272	1,517,053	19,807,105	22,400,169
Subtotals	13,426,069	13,777,821	270,742,038	280,302,911
Specialties				
Consultation	1,220,730	1,243,136	90,656,929	92,575,383
House visits	13,052	14,407	876,025	966,383
Office visits	745,236	775,970	15,455,477	16,180,166
Hospital visit	803,619	806,667	14,517,014	14,795,035
Subtotals	2,782,637	2,840,180	121,505,445	124,516,967
Other Medical				
Anaesthesia	2,658,013	2,685,820	32,885,780	33,782,633
Obstetrics	468,849	468,880	21,305,108	21,011,764
Surgery	644,666	660,815	84,813,804	87,096,403
Special Procedures	1,071,344	1,124,722	33,829,107	36,331,851
X-ray	1,396,650	1,426,596	45,515,154	46,837,909
Laboratory	10,383,693	10,547,769	102,545,811	107,801,456
Common office procedures	1,402,415	1,427,154	17,470,181	18,127,425
Psychotherapy	261,500	271,627	17,607,580	18,462,374
Electrodiagnosis	177,899	193,681	13,797,854	14,709,498
Pulmonary Function	62,043	64,473	1,122,863	1,122,708
Miscellaneous	26,359	27,818	(17,095)	(484,435)
Subtotals	18,553,431	18,899,355	370,876,147	384,799,586
TOTAL¹	34,762,137	35,517,356	763,123,630	789,619,464

¹ This detail is based on cash accounting.

TABLE 6
Subscriber statistics
Registrations and persons covered by premium subsidy level¹

Subsidy (Percentage)	At March 31, 1985		At March 31, 1986 ²	
	Subscribers	Persons	Subscribers	Persons
90%.....	338,014	523,018	351,785	536,496
50%.....	13,858	21,481	16,880	25,862
Nil.....	1,015,643	2,300,191	1,019,920	2,286,929
Total.....	1,367,515	2,844,690	1,388,585	2,849,287

¹ Coverage data does not include members of the Canadian Armed Forces, R.C.M.P. and inmates of Federal penitentiaries.

² Statistics reflect improvements during 1985/86 in reducing duplication in records of persons covered by the Plan.

TABLE 7
Persons covered by age group¹

Age Groups	At March 31, 1985 Persons	At March 31, 1986 ² Persons
0-14	608,429	601,653
15-24	434,008	419,182
25-44	897,861	906,063
45-64	563,965	567,401
65+	339,772	354,986
Unknown	655	2
Total	2,844,690	2,849,287

¹ Coverage data does not include members of the Canadian Armed Forces, R.C.M.P. and inmates of Federal penitentiaries.

² Statistics reflect improvements during 1985/86 in reducing duplication in records of persons covered by the Plan.

TABLE 8A

Non-postgraduate "directory-active" male physicians in British Columbia
by RCPSC¹ specialty by age²

Specialty	20-29	30-39	40-49	50-59	60-69	70 +	Total
Anaesthesia	3	57	72	56	35	6	229
General Practice	134	878	628	459	304	72	2,475
Dermatology	0	11	10	9	10	3	43
Surgery ³	0	53	89	83	74	35	334
Internal Medicine	0	102	124	81	62	20	389
Neurology	2	13	18	10	2	4	49
Obstetrics and Gynaecology	0	25	35	40	26	7	133
Ophthalmology	1	26	48	35	27	9	146
Orthopaedic Surgery	0	41	51	35	20	9	156
Otolaryngology	0	14	19	18	16	4	71
Paediatrics	0	24	44	37	24	6	135
Psychiatry	2	35	71	92	48	10	258
Urology	0	15	22	13	13	3	66
Pathology and Bacteriology	0	24	47	34	19	7	131
Radiology	0	38	67	53	40	10	208
Other ⁴	0	30	27	18	7	3	85
Total	142	1,386	1,372	1,073	727	208	4,908

¹ Royal College of Physicians and Surgeons of Canada.

² Date of record is March, 1986.

³ This includes General Surgery, Plastic Surgery, Thoracic Surgery and Neurosurgery.

⁴ This includes Osteopathy and Public Health.

Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 8B

Non-postgraduate "directory-active" female physicians in British Columbia
by RCPSC¹ specialty by age²

Specialty	20-29	30-39	40-49	50-59	60-69	70 +	Total
Anaesthesia	2	14	14	10	3	0	43
General Practice	96	310	128	60	35	3	632
Dermatology	0	5	3	1	0	0	9
Surgery ³	0	4	0	1	0	0	5
Internal Medicine	0	16	11	5	1	1	34
Neurology	0	2	0	3	1	1	7
Obstetrics and Gynaecology	0	9	3	5	2	0	19
Ophthalmology	0	5	2	0	2	0	9
Orthopaedic Surgery	0	1	1	0	1	0	3
Otolaryngology	0	2	1	0	0	0	3
Paediatrics	0	12	14	8	7	0	41
Psychiatry	1	25	11	9	11	0	57
Urology	0	0	0	0	0	0	0
Pathology and Bacteriology	1	13	13	5	2	0	34
Radiology	0	14	10	5	2	1	32
Other ⁴	0	2	2	1	0	0	5
Total	100	434	213	113	67	6	933

¹ Royal College of Physicians and Surgeons of Canada.

² Date of record is March, 1986.

³ This includes General Surgery, Plastic Surgery, Thoracic Surgery and Neurosurgery.

⁴ This includes Osteopathy and Public Health.

Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 9
Non-postgraduate "directory-active" physicians in British Columbia
by RCPSC¹ specialty by place of graduation^{2, 3}

Specialty	B.C.	Other Canada	U.K.	U.S.A.	Other	Total
Anaesthesia	62	109	65	2	34	272
General Practice	845	1,356	507	54	345	3,107
Dermatology	9	30	8	1	4	52
Surgery ⁴	41	194	53	7	44	339
Internal Medicine	56	224	62	17	64	423
Neurology	11	22	10	2	11	56
Obstetrics and Gynaecology	20	59	39	2	32	152
Ophthalmology	15	91	24	2	23	155
Orthopaedic Surgery	22	76	31	2	28	159
Otolaryngology	10	34	12	0	18	74
Paediatrics	11	61	41	8	55	176
Psychiatry	32	133	56	10	84	315
Urology	13	36	8	1	8	66
Pathology and Bacteriology	28	77	29	5	26	165
Radiology	28	127	44	1	40	240
Other ⁵	11	46	21	3	9	90
Total	1,214	2,675	1,010	117	825	5,841

¹ Royal College of Physicians and Surgeons of Canada.

² Date of record is March, 1986.

³ Initial medical degree.

⁴ This includes General Surgery, Plastic Surgery, Thoracic Surgery and Neurosurgery.

⁵ This includes Osteopathy and Public Health.

Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 10
Medical services utilization in British Columbia
by age of patient, by sex of patient—1985/86

Age Group	Cost per Capita		
	Males	Females	Total
	\$	\$	\$
0-9	186.50	160.64	173.91
10-19	127.51	161.88	144.28
20-29	132.72	337.50	235.90
30-39	164.70	336.73	250.39
40-49	201.54	309.62	254.40
50-59	283.65	335.57	309.16
60-69	436.73	394.31	413.89
70+	652.87	537.34	586.52
All Ages	227.30	309.14	268.53

¹ Dental surgery in hospital and payments for out-of-province services not included.

Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 11
Medical services cost per capita in British Columbia
by specialty by patient sex—1985/86

Specialty	Males	Females
	\$	\$
Anaesthesia.....	10.32	12.22
General Practice.....	88.53	129.19
Dermatology.....	2.72	3.45
Surgery ¹	18.16	17.79
Internal Medicine.....	20.83	18.92
Neurology.....	2.47	2.88
Obstetrics and Gynaecology.....	0.10	17.70
Ophthalmology.....	10.05	13.04
Orthopaedic Surgery and Physical Medicine.....	7.88	8.00
Otolaryngology.....	4.48	3.84
Paediatrics.....	5.06	4.04
Psychiatry.....	6.37	10.00
Urology.....	6.39	2.20
Pathology and Bacteriology.....	25.81	39.39
Radiology and Nuclear Medicine.....	18.09	26.41
Other ²	0.05	0.09

¹ This includes General Surgery, Plastic Surgery, Thoracic Surgery and Neurosurgery.

² This includes Osteopathy and Public Health.

Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 12
Population per physician by region, British Columbia, Canada

Region ¹	Physicians ²	Population ³	Ratio
North.....	300	268,068	893:1
Lower Mainland (Fraser Valley).....	377	299,110	793:1
Central Interior.....	280	216,490	773:1
Vancouver Island and Coast.....	400	283,662	709:1
Okanagan-Kootenays.....	539	357,205	662:1
Greater Vancouver (GVRD).....	3,245	1,241,853	382:1
Capital (CRD).....	700	262,687	375:1
British Columbia.....	5,841 ⁴	2,929,077 ⁵	501:1
Canada.....	44,230 ⁶	25,501,200 ⁷	577:1

¹ Seven macro-regions were constructed by aggregation of coterminus Regional Hospital Districts.

² Non-postgraduate Directory Active physicians as at March, 1986.

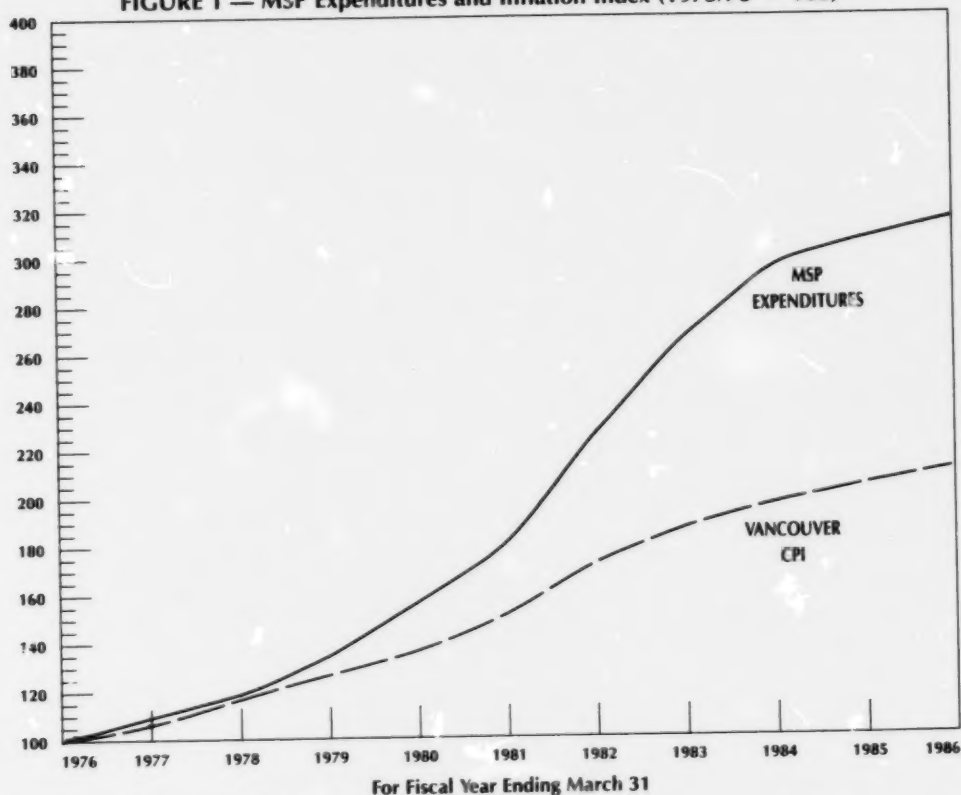
³ March, 1986, estimated by linear interpolation of June, 1985 and June, 1986 post-censal population estimates, Central Statistics Bureau.

⁴ Derived from data supplied by the Health Manpower Research Unit, University of British Columbia.

⁵ Figures do not add up to total because of rounding.

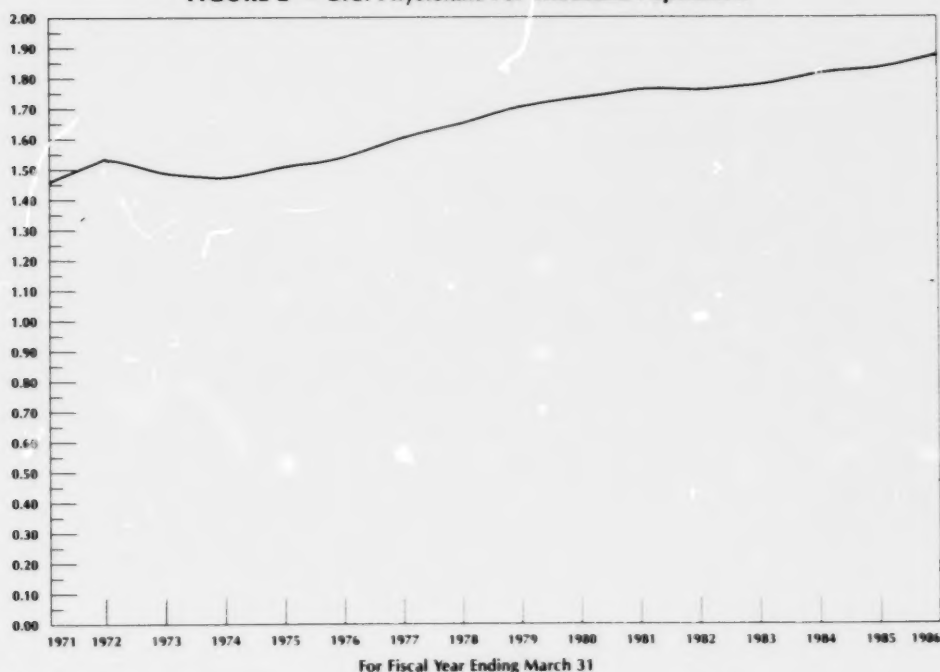
⁶ Source of data: Southam Communications Limited, Don Mills, Ontario, December, 1985.

⁷ Health Information Division, Department of Health and Welfare, December, 1985.

FIGURE 1 — MSP Expenditures and Inflation Index (1975/76 = 100)**FIGURE 1 British Columbia Medical Costs and Inflation.**

Medical Services Plan expenditures have generally increased more rapidly than the consumer price index since the early 1970s, despite noticeable slowdowns in medical spending growth in 1976/77 and 1984/85. From 1975/76 to 1985/86, medical services spending climbed an average of 12.1% annually, compared with average annual inflation of only 7.7%.

FIGURE 2 — B.C. Physicians Per Thousand Population

FIGURE 2 Number of Physicians¹ per thousand Provincial Population², 1970/71 to 1985/86.

The population of the province grew by 0.9% in 1985/86 over 1984/85 and by 1.3% in 1984/85 over 1983/84.

The growth in medical practitioners grew by 3.5% in 1985/86 and 1.8% in 1984/85. If 1985/86 physician density had been the same as in 1970/71, there would have been 1.164 fewer physicians billing the Medical Services Plan.

¹ Number of physicians receiving any payment from the Medical Services Plan.

² Statistics Canada data as of July 1.

Preventive Services

PREVENTIVE SERVICES

Preventive Services is the program of the Ministry of Health dedicated to promoting positive lifestyle and health care practices that will help to eliminate or minimize illness and disease. Preventive Services accomplishes this goal by conducting immunization programs, health inspection, health promotion, health education, health screening, contact tracing and investigations as required by the *Health Act*, *Community Care Facility Act*, and other related legislation.

The major health problems today are the chronic diseases of middle and later age — heart disease, stroke and cancer — all of which are greatly influenced by the environment and lifestyle choices of the individual. It is the responsibility of Preventive Services to identify problems and then devise and deliver effective programs to promote and enable maintenance or improvement of health status and to encourage the avoidance of health risks.

Preventive programs are developed and administered by senior staff and divisional consultants in Victoria, including the Assistant Deputy Minister, Executive Directors and the Provincial Health Officer. Direct service is delivered through 16 Provincially operated health units, five Municipal and Regional health units in Vancouver, North Shore (North and West Vancouver), Richmond, Burnaby and the Capital Regional District, and the Ministry's Vancouver Bureau.

Professionals in the field include public health nurses, public health inspectors, nutritionists, dental hygienists, speech and hearing professionals and medical health officers.

Professionals at the Vancouver Bureau include laboratory professionals, pharmacists, sexually transmitted disease control nurses and medical practitioners, tuberculosis control nurses and physicians, kidney dialysis nurses, radiation inspectors, government medical doctors and nurses.

Some of the highlights of 1985/86 included:

- Introduction of a preventive non-smoking program entitled "Decisions", aimed at Grade 7 students.
- Opening of a special AIDS identification and assessment clinic in Vancouver.
- A measles outbreak in the province which proved very difficult to contain, requiring extensive efforts by staff to control.
- A substantially increased workload of inspections required by the *Community Care Facility Act* as more facilities opened.
- A substantially increased workload and services provided at the Willow Kidney Dialysis Unit and the Provincial Laboratory.

PROGRAM MANAGEMENT

Program Management involves program development, monitoring and evaluation for the activities of Public Health Nursing, Public Health Inspection, Nutrition, Dental Health, Speech and Hearing, Health Promotion, Fitness and Vision. This function involves the Assistant Deputy Minister, Provincial Health Officer, Executive Director of Prevention and Promotion and staff, and the Epidemiology Branch. These officials provide the necessary administrative co-ordination and clinical expertise to deliver efficient and effective preventive health programs.

The directors and consultants of Public Health Nursing, Public Health Inspection, Nutrition, Dental Health, and Speech and Hearing develop, co-ordinate, and evaluate programs delivered by staff in these professions who operate out of local health units (as detailed in the Field Operations section).

The remaining programs of Epidemiology, Health Promotion, Fitness, and Vision, deliver their programs through Public Health Nursing and Nutrition field staff, and through community agencies and volunteers.

Epidemiology

The role of Epidemiology staff is to review, analyse and report on the occurrence, distribution and types of disease and to consult on intervention procedures to control disease. A report entitled Disease Surveillance is published every four weeks, containing epidemiological analyses on current topics.

TABLE 13
Reported communicable diseases, British Columbia, 1981-1985

Disease	1981		1982		1983		1984		1985	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Amoebiasis	79	2.9	75	2.7	180	6.4	203	7.1	385	13.3
Botulism	—	—	2	0.1	7	0.3	1	*	25	0.9
Brucellosis	1	*	—	—	2	0.1	1	*	—	—
Diphtheria	3	0.1	1	*	—	—	—	—	1	*
Giardiasis	—	—	145	5.2	776	27.5	870	30.4	1219	42.2
Hepatitis A	280	10.4	295	10.6	179	6.4	253	8.8	236	8.2
Hepatitis B	25	0.9	18	0.6	70	2.5	170	5.9	371	12.8
Leprosy	1	*	4	0.1	—	—	—	—	1	*
Measles	50	1.9	51	1.8	72	2.6	1139	39.7	1748	60.4
Meningitis-Bacterial	38	1.4	65	2.3	101	3.6	115	4.0	105	3.6
Meningitis-Viral	35	1.3	42	1.5	23	0.8	69	2.4	29	1.0
Pertussis	283	10.5	212	7.6	88	3.1	32	1.1	89	3.1
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rabies	—	—	—	—	—	—	—	—	1	*
Rubella	52	7.9	79	2.8	180	6.4	119	4.2	890	30.8
Salmonellosis	881	32.6	705	25.3	940	33.3	919	32.0	653	22.6
Shigellosis	265	9.8	186	6.7	151	5.4	134	4.7	133	4.6
Tetanus	—	—	2	0.1	—	—	1	*	2	0.1
Trichinosis	—	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid	13	0.5	7	0.1	17	0.6	3	0.1	6	0.2

Rates are per 100,000 population

* Rates not calculated for single cases.

Health Promotion

Health Promotion develops programs to enhance health care plans and intervention strategies targeted to at-risk populations.

Using modern communications strategies, credible health information is provided for individuals and groups to assist them toward lifestyles that reflect positive health behaviours.

Fitness

The Fitness Branch promotes increased participation in physical activity and lifestyle programs which lead to improved physical fitness for at-risk groups. Programs educate individuals and improve their motivation to engage in fitness activities, increase the availability and accessibility of programs which encourage and support participation in fitness activities, and improve the social and physical environments which support participation.

Program activities are aimed at specific groups in the community, school system and workplace. Specifically, target groups are at-risk elderly persons, employees susceptible to back injury, youth prone to weight management concerns, sedentary employee groups, and the pre-retirement population. Specific professional and volunteer groups which are selected for leadership activities include public health nurses, co-ordinators of pre-retirement seminars, psychiatric nurses, health care workers, other hospital staff, teachers and fitness leaders.

Vision Services

Emphasis is placed on early detection and treatment of vision problems. Program priorities are infant, preschool and kindergarten vision screening. Uncorrected refractive errors, amblyopia and strabismus can lead to permanent loss of vision in the affected eye if not detected and treated, preferably by age six. These abnormalities occur in approximately 4.5% of this age group.

Vision screening is conducted in the health units by public health nurses, nursing students, health unit aides and volunteers.

FIELD OPERATIONS

Field Operations involves the direct service delivery of Preventive Services in all Provincially operated health units, responsibility for the delivery of programs developed by Program Management staff, and reporting on the quantity and quality of programs delivered.

Field Administration

The senior clinical staff and senior administrative staff co-ordinate the delivery of all field programs. Included in this activity are the medical health officers, managers, administrative officers and all clerical support staff in the field.

Public Health Nursing

Public Health Nursing services foster provision of nursing service on a family-centred basis for individuals and groups, at home, at school, in public health centres and other community-based locations. Primary objectives of all programs are the promotion of good health practices, and public education and support for personal involvement in one's own health care.

Counselling is provided on healthy lifestyles and nutrition. Various methods are used to inform the public regarding wellness, such as seminars and group education. Public health nurses conduct immunization clinics to protect against diseases preventable by vaccination.

An increasing portion of nurses' time is spent on the inspection of community care facilities to ensure that an acceptable standard of care is in place for the health, safety and well-being of children and adults in licensed care facilities.

Public Health Inspection

Public health inspectors are responsible for the administration of regulations under the *Health Act*. The objective is to document insanitary conditions or violations of prescribed standards and to achieve corrective action through instruction, or enforcement if necessary.

Inspections, which are carried out periodically or in response to complaints, involve food premises, public places, personal service establishments, housing and institutions, community care facilities, water supplies and sewage disposal systems.

Complaints of nuisances, offensive trade, insanitary conditions and vermin or pest infestations are investigated and corrective action is initiated. Reports of communicable, food-borne or water-borne illness are investigated and measures taken to eliminate the probable source and the mode of transmission.

Nutrition

The Nutrition Branch develops and co-ordinates a community nutrition program for Provincial health unit staff, various government departments, allied professions, training schools and the general public. Information focusing on nutrition, as it relates to positive aspects of health and lifestyle, is provided through direct consultation with health professionals, media involvement, publications, workshops, assessment of community care facilities and operational research. Consultative services are made available on request to institutions and other departments of government. A number of community nutritionists are located in health units to provide service to the local communities.

Dental Health

The Branch's objectives focus on the development of maximum prevention of oral diseases through responsible individual behavior, including the promotion of lifetime preventive home-care skills, the encouragement of regular visits to the family dentist, the use of community and self-applied fluorides, and good nutritional habits.

The Branch also assists with the provision of dental treatment in areas which have no dentist through the dental extern service. Preventive and treatment services are also organized for the handicapped, the elderly and for those confined to institutions, in co-operation with the College of Dental Surgeons of British Columbia.

Services are provided by regional teams composed of supervising dental hygienists, staff dental hygienists and dental assistants. School programs are the main focus, so that the opportunity provided by classrooms can be used to teach and motivate young people about prevention and control of dental diseases. Children's teeth are checked and referrals are made to parents if the need for treatment is evident. This system is also used to monitor the dental health of children at specific grade levels.

Speech and Hearing

Speech-language pathologists, audiologists, and audiometric aides in community health unit offices work toward the goal of eliminating or measurably reducing the effects of communication disorders related to speech, language and hearing impairments.

With a continued emphasis on pre-school and young school-aged children, and on the prevention of long-term problems, speech-language pathologists delivered service with an annual success rate of remediating and dismissing cases in excess of 50%. The priority audiologic services include school hearing screening of children, and infant high-risk hearing register screenings.

The Branch also operates the B.C. Hearing Aid Program, to provide hearing devices to all areas of the province (outside of parts of the Lower Mainland and Victoria) at a competitive price.

TABLE 14
Preventive Services — Field Operations
Program delivery statistics, 1984/85 and 1985/86

	1984/85	1985/86
Public Health Nursing		
Immunization at the end of Grade 1		
Diphtheria/Pertussis/Tetanus	94%	95%
Polio	94%	96%
Measles/Mumps/Rubella	95%	96%
Child Community Care Facilities Licensing		
Number of facilities	2,190	2,322
Capacity	30,584	32,866
Family Health Services		
Parents of new infants visited	29,061	26,058
Public Health Inspection		
Inspections — food premises, care facilities, camps, schools, etc.	26,072	29,352
Samples collected — drinking water, beaches, pools, etc.	19,700	28,496
Complaint investigations	6,739	7,034
Disease investigations	2,349	3,266
Consultations	79,851	98,612
Public meetings	3,341	4,702
Sewage permits issued	5,019	6,405
Sewage disposal installation inspections	12,933	13,856
Plans reviewed	15,511	16,039
Nutrition		
General Public		
Consultations	3,448	4,516
Media presentations	62	68
Professionals		
Consultations	2,948	3,328
Presentations	212	192
Continuing Care Facilities		
Consultations	974	1,372
Presentations	68	56
Assessments	166	224
Dental Health		
Inspection/Referral/Education		
Student services	123,260	136,617
Number of students	88,871	122,756
Pre-school services	11,551	6,170
Number of students/teachers/parents	3,878	5,836
Elderly services	2,143	7,856
Number of facility residents	9,780	9,661
New parents-education and counselling	27,826	36,683
Speech and Hearing		
Persons served	119,670	121,938
Speech/language clients remediated	1,523	1,360
Infants prevented from developing communication problems	103	138
Kindergarten and Grade 1 children prevented from developing communication disorders	931	978

VANCOUVER BUREAU

The Bureau consists of a variety of services located in the Vancouver area, including the Divisions of Tuberculosis Control, Public Health Laboratories, Sexually Transmitted Disease Control, Government Medical Services, Medical Supply Service (Kidney Dialysis Service). The headquarters and central service facilities in Vancouver include registries for venereal disease, tuberculosis, and kidney dialysis service.

Provincial Laboratory

The Provincial Public Health Laboratories provide routine reference, referral and consultative services for the investigation, diagnosis, treatment and control of communicable diseases and for amelioration of environmental problems. The Main Laboratory is in Vancouver, with branches in Nelson and Victoria. The branch service in Victoria is provided by the Royal Jubilee Hospital's Laboratory under grant funding from the Main Laboratory.

Services include medical advice and laboratory tests for diseases caused by bacteria, fungi, parasites, viruses and other communicable agents, and related immunology, serology and environmental microbiology. Services are available to registered physicians, hospitals, health units and health-related agencies at all levels of government.

Sexually Transmitted Disease Control

The Branch is responsible for controlling the spread of sexually transmitted diseases throughout the province. There are three major phases in this program: (1) training, updating, and consultation are provided to public health nurses, who are responsible for sexually transmitted disease control on a regional basis; (2) treatment for sexually transmitted disease is provided at no cost through physicians, health units, and clinics; (3) a central clinic is operated by the Province in the City of Vancouver.

Tuberculosis Control

In accordance with the *Health Act* and the Regulations for the Control of Communicable Diseases, all phases of tuberculosis prevention and treatment in British Columbia are directed by this Branch. As well as providing various levels of out-patient care, the Branch offers consultative services to private physicians, and advises health units regarding contact tracing of active cases, supervision of cases under treatment, preventive measures and screening and surveillance. The Branch also co-operates with the Federal Government and other Provinces and works particularly closely with the Federal Government's Indian Health Services to control tuberculosis among native Indians.

Medical Supply Service/Kidney Dialysis Service

The Kidney Dialysis Service has continued to expand to meet the increasing demand for clients to be treated in their homes. A range of service and alternate therapy supplies and medication are now provided to clients with end-stage renal disease, clients with hemophilia, clients on total parenteral nutrition, and clients on enteral nutrition.

The major change that the Kidney Dialysis Service has been able to effect since its inception in 1968 is that over half the patients with end-stage renal disease are now being cared for in their homes or at the limited-care facilities in Vancouver and Penticton.

Government Medical Services

The Branch of Government Medical Services is primarily responsible for promoting the occupational health of Provincial Government employees. It serves all Provincial ministries, the B.C. Ferry Corporation and the B.C. Buildings Corporation. The Division focuses on both

employee health and hazards of the working environment. It works closely with officials of the various ministries and crown corporations, the Federal Government, the Workers' Compensation Board, the B.C. Medical Association and many private health-care agencies.

Government Medical Services also administers the Radiation Protection Service, which inspects x-ray units, ultra-violet sources, dielectric heaters and some laser devices to ensure that devices are operated within specified standards.

TABLE 15
Preventive Services — Vancouver Bureau
Program delivery statistics, 1984/85 and 1985/86

	1984/85	1985/86
Provincial Laboratory		
Laboratory tests	623,492	672,867
Workload units	13,618,391	14,554,358
STD Control		
Patient visits — Vancouver VD clinic	17,034	16,469
Patient visits — AIDS clinic	—	820
TB Control		
Number with active TB notified in year	407	340
Active TB cases starting drug treatment in year	390	297
Number on preventive drug treatment	928	857
Patient visits	45,539	47,016
Kidney Dialysis		
Patients enrolled	762	782
Dialysis treatments — Willow Dialysis Unit	3,900	5,460
Limited care dialysis patients	31	45
Government Medical Services		
Employee visits to physicians	4,580	3,845
Employee visits to nurses	10,810	8,871
Tuberculin skin tests	725	817
Radiation Protection		
Radiation surveys and follow-ups	1,201	1,074
Consultations and visits	758	792
Lectures and talks	27	31

**Community
Care
Services**

COMMUNITY CARE SERVICES

During 1985/86, Community Care Services comprised four program areas: Alcohol and Drug Programs, Forensic Psychiatric Services, Mental Health Services and the Division of Vital Statistics. Under the direction of the Assistant Deputy Minister, the mandate of Community Care Services is to manage, develop and administer efficient and effective programs within these areas, and in co-operation with other health services providers.

Alcohol and Drug Programs

Alcohol and Drug Programs is responsible for planning, funding and co-ordinating treatment and prevention programs related to the abuse of alcohol and other drugs.

The executive consists of the Executive Director, a Medical Advisor, five Regional Managers, the Director of Program Development and Prevention, and the Director of Support Services.

During 1985/86, the final planning and implementation of the reorganization of Alcohol and Drug Programs resulted in the relocation of all central support services, except Special Resources and Data Systems, to Victoria. To ensure more effective program delivery, Regional Managers with support staff were located in all five regions.

The province is divided into five regions: Region I — Lower Mainland, Region II — Fraser Valley, Region III — South/Central British Columbia, Region IV — Northern British Columbia, Region V — Vancouver Island and the West Coast. Regional services are provided through a "system of care" comprising out-patient counselling, detoxication services, and residential treatment. Alcohol and Drug Programs has direct responsibility for 16 outpatient clinics and three detoxication centres. It also ensures operation, by contractual arrangements with non-profit societies, of 28 out-patient clinics, four detoxication centres, nine residential treatment programs, and eight supportive recovery homes.

The Support Services Division includes administration, evaluation, data systems, laboratory, and pharmacy services. The Program Development and Prevention Division includes prevention services, employee assistance and native programming, library, audio-visual services and agency liaison.

Public utilization of treatment services has increased dramatically in the past decade. Caseloads have increased almost fourfold, from 8,552 admissions in 1975/76 to 32,908 admissions in 1985/86. In 1985/86, an estimated 120,000 persons in the province were considered unable to control their use of alcohol and drugs. Approximately one-fifth of this group utilized services provided by Alcohol and Drug Programs.

In 1985/86 alternate, joint funding, and cost-effective means of service delivery were explored. Federal-Provincial cost sharing recoveries to the Province were estimated at \$7 million. An encouraging initiative in the development of services for natives is the co-funding by the Province and the Federal Government, through the National Native Alcohol and Drug Abuse Program, of a native counsellor in Kamloops.

On the recommendation of the Joint Advisory Committee on the Treatment and Uses of Methadone in British Columbia, that all prescribing of methadone be carried out within Alcohol and Drug clinics, two additional Vancouver clinics, operated by the University of British Columbia Health Sciences Centre, were planned to serve an anticipated 600 clients formerly treated by private physicians. One of these clinics opened in 1985/86. The laboratory provided over 120,000 assays on 32,000 samples, approximately 80 percent of which were from the methadone clinics.

Program initiatives in 1985/86 include major evaluation reviews designed to improve program efficiency and effectiveness; initiatives in the area of Employee Assistance, including program material for the Open Learning Institute; in co-operation with other Ministry of Health programs, development of peer counselling and out-patient programs for seniors; development of preventive programs on "Active Parenting"; and studies on drug education programs for schools, and prevention programs in the alcohol and drug field.

A co-ordinated approach to communication planning was developed, specifying yearly objectives and creating a "family look" for Alcohol and Drug Programs' printed materials.

Negotiations with the Broadcasters' Association of British Columbia were completed to sponsor a series of four television commercials focussed on young people under 21 years of age, developed by the Alberta Alcoholism and Drug Abuse Commission, to promote a health and prevention-oriented approach to decisions regarding alcohol and drug use.

During 1985/86, initiatives for children and youth continued. Among these were a province-wide poster contest for children aged 12 to 16 on the theme, "Save a Friend;" the increase of counselling and training programs related to the *Young Offenders Act*; the planning for a model Student Assistant program offered through school districts; and the enhancement of treatment services for families and adolescents.

Innovative programming includes an impaired drivers' diversion project developed in co-operation with the Ministry of Attorney General; numerous community education programs; groups for the adult children of alcoholics; and adaptation of programs to meet changing health concerns such as those arising from AIDS and changing drug use patterns.

TABLE 16
Alcohol and Drug Programs
Utilization statistics

Region	Detoxification Facilities		Residential Facilities		Outpatient Counselling		Supportive Homes		Total Regional Agencies	
	84/85	85/86	84/85	85/86	84/85	85/86	84/85	85/86	84/85	85/86
GREATER VANCOUVER										
Admissions.....	13,627	13,112	94	97	2,175	2,854	2,608	2,615	18,504	18,678
Individuals.....	6,593	6,405	103	106	2,663	3,270	1,978	1,925	10,171	10,480
No. of agencies.....	3	3	1	1	9	8	7	7	20	19
FRASER VALLEY										
Admissions.....	1,285	1,218	746	678	834	1,117	374	365	3,239	3,378
Individuals.....	1,162	1,095	803	721	934	1,237	431	418	2,926	3,110
No. of agencies.....	1	1	2	2	4	4	2	2	9	9
SOUTH CENTRAL										
Admissions.....	838	910	616	569	2,221	2,352	123	143	3,798	3,954
Individuals.....	632	669	636	625	2,684	2,753	122	143	3,535	3,594
No. of agencies.....	1	1	2	2	12	13	1	1	16	17
NORTHERN B.C.										
Admissions.....	1,017	1,005	208	197	1,322	1,462	—	—	2,547	2,664
Individuals.....	607	609	222	209	1,556	1,703	—	—	2,025	2,190
No. of agencies.....	1	1	1	1	14	14	—	—	16	16
VANCOUVER ISLAND AND WEST COAST										
Admissions.....	1,637	1,478	486	475	2,191	2,165	91	96	4,405	4,214
Individuals.....	807	796	525	513	2,512	2,428	101	102	3,529	3,449
No. of agencies.....	1	1	3	3	9	9	1	1	14	14
TOTAL ALL REGIONS										
Admissions.....	18,404	17,723	2,150	2,016	8,743	9,950	3,196	3,219	32,493	32,908
Individuals.....	9,295	9,101	2,272	2,152	10,245	11,209	2,554	2,505	20,429	20,991
% Admissions/ Region.....	57%	54%	6%	6%	27%	30%	10%	10%	100%	100%

Notes to Utilization Table

1. The figure for "admissions" represents each entry into the system, and includes readmissions.
2. The figure for "individuals" represents the actual number of clients in the system, and may include a carry-over of active caseloads from the previous year.
3. The table shows only client admissions. In addition, Alcohol and Drug Programs provided counselling and other treatment services to "collaterals", that is, to family members or friends of clients. In 1984/85, there were 2,916 collateral admissions in addition to 32,493 client admissions. In 1985/86, there were 2,743 collateral admissions in addition to 32,908 client admissions.

Forensic Psychiatric Services Commission

The Commission was established by an Act of the Legislature in 1974 to provide psychiatric services to mentally disordered offenders who are involved in the justice system.

Specifically, the Commission provides: assessment of individuals remanded by the court for psychiatric examination; diagnosis and treatment of individuals found "unfit to stand trial" or "not guilty by reason of insanity"; and diagnosis and treatment of persons who become mentally ill while in custody. It is also responsible for developing research programs and providing consultation to agencies and institutions in the correctional system.

The Commission consists of not fewer than five members, appointed by the Lieutenant-Governor in Council, and is administered by an Executive Director.

Forensic Psychiatric Services

Forensic Psychiatric Services carries out the responsibility of the Forensic Psychiatric Services Commission to provide psychiatric and psychological assessment services to the courts, and provides diagnosis, treatment and, in some cases, custody for individuals ordered into treatment as a result of conflict with the law.

Adult Services provides assessment and treatment services on an in-patient basis at the Forensic Psychiatric Institute, a secure facility located at Colony Farm, Port Coquitlam, and on an out-patient basis at established clinics in Vancouver and Victoria, and travelling clinics in Prince George and Kamloops.

Juvenile Services to the Courts, under the *Young Offenders Act*, provides out-patient services through clinics located in Vancouver and Victoria, and travelling clinics in Prince George, Kamloops and Campbell River. These services include pre-trial assessments, court ordered pre-sentence disposition assessments, and treatment for young offenders diverted from judicial proceedings.

The Maples Adolescent Treatment Centre in Burnaby is a designated provincial mental health facility providing both secure and open residential treatment for psychiatrically ill adolescents. Full educational programs are provided on-site by the Burnaby School Board in cooperation with the Ministry of Education. Admittance is determined under the *Mental Health Act* from a variety of government sources, and by professionals in medical and mental health services.

The mandate of Program Support Services is to develop and maintain a cross-program human, financial and information resource base and planning capability that is responsive and relevant to the demands of the Forensic Psychiatric Services Commission, and Ministry and Branch programs.

During 1985/86, Forensic Psychiatric Services continued to provide court-ordered psychiatric assessment and treatment of accused or convicted adults at its two out-patient assessment and treatment clinics. Services to adolescents were greatly expanded through the Juvenile Services to the Courts clinics in Burnaby and Victoria.

A further eight beds of the Maples Adolescent Treatment Centre secure unit were opened, bringing the available beds to 68.

TABLE 17
Forensic Psychiatric Services
Utilization statistics

Adolescent Services	1984/85	1985/86
Maples Adolescent Treatment Centre		
Residential		
Admissions.....	65	64
Discharges.....	63	62
Day Program		
Admissions.....	19	18
Discharges.....	10	20
Number receiving treatment during year.....	135	145
Active treatment at end of year.....	72	70
In-patient.....		60
Out-patient.....		10
Referrals.....	117	118
Bed Utilization		
Beds available.....	60	68 ¹
Bed days available.....	21,900	21,900
Percentage utilization.....	95.5%	89.7%
Juvenile Services to the Courts		
In-patient Assessment Unit		
Persons assessed.....	—	157 ²
Persons treated.....	—	11 ²
Burnaby Clinic		
Persons assessed.....	272	217 ³
Persons treated.....	133 ⁴	151
Victoria Clinic		
Persons assessed.....	85 ⁵	137
Persons treated.....	92 ⁶	142
Consultations		
Persons provided with case management consultation ⁷	—	343
Adult Services	1984/85	1985/86
Forensic Psychiatric Institute		
Admissions.....	266	315
Discharges.....	260	300
Average population.....	93	103
Total remand days.....	5,028 ⁸	5,615
Total <i>Mental Health Act</i> days.....	3,091 ⁸	4,863
Total patient days.....	34,399 ⁸	37,496
Percentage utilization.....		84.9%
Vancouver Clinic		
Referrals.....	564 ⁹	591
Assessments.....	141 ⁹	129
Activations.....	608	582
Closures.....	600	561
Victoria Clinic		
Referrals.....	85	156
Assessments.....	80	133
Activations.....	74	156
Closures.....	57	142

¹ Additional 8 beds added March 17, 1986 with opening of CATC #1.

² New program April 16, 1985.

³ Decrease due to opening of Inpatient Assessment Unit.

^{4, 5, 6} Estimated figures in annual report for 1984/85 revised.

⁷ Statistics not available for 1984/85.

⁸ Calendar 1984.

⁹ Revised.

Mental Health Services

The Mental Health Services Division is responsible for ensuring that the mental health system in British Columbia provides efficient and effective care to residents of the province with mental disorders. This task is accomplished through direct service delivery and by the over-all co-ordination of the mental health system, including services delivered by other divisions, ministries and private and voluntary agencies.

Services to the three demographic groups (children, adults, and the elderly) are delivered through several specific programs: Acute Care and Adult Services, Rehabilitation and Services to the Elderly, Children's Services, Community Residential Care and Alternate Care. These services are delivered by multi-disciplinary professional teams at Riverview Hospital, Burnaby Psychiatric Services, and 31 mental health centres and 20 sub-offices located throughout the province. In addition, the Division provides a major operating grant to the Greater Vancouver Mental Health Service Society.

Mental health programs are organized to achieve service objectives in four primary areas:

(1) *Promotion of Mental Health*

A philosophy of health is promoted that emphasizes individual responsibility for applying knowledge, behaviors, and techniques to promote and maintain physical, social and mental health.

(2) *Prevention of Mental Illness*

Health education activities and consultation are directed at identifying social, personal and behavioral factors which contribute to the incidence of mental disorders and to the duration and relapse of mental illness.

(3) *Treatment of Mental Disorders*

Programs are organized to provide early identification of mental health problems, and prompt adequate treatment in order to prevent subsequent deterioration and to limit disabilities. Clinical services are intended to protect life, control aberrant behaviour, reduce and control symptoms, restore previous levels of functioning, and ensure that basic health, nutrition, hygiene, safety and housing needs are met.

(4) *Rehabilitation*

Mental health services are organized to help individuals with persistent or chronic mental disorders to achieve as high a level of adjustment as possible following acute or active treatment intervention.

Service priorities are developed and established in relation to service capacity through planning and consultation, involving other government programs, collaborating professionals, community agencies, and clients. The ultimate goal is to develop an effective system of care.

For the Mental Health Services Division, the major priority is the active treatment and care for people of all ages who are experiencing the most serious mental disorders. These tend to be schizophrenic, paranoid, and other psychotic disorders, but do not exclude affective and some organically-based disorders.

During 1985/86, there was a significant increase in the number of referrals and admissions to the community mental health centres, Burnaby Psychiatric Services and the Greater Vancouver Mental Health Service Society over the previous year. There were a number of factors responsible for this increase, including an increase in resources allocated to community-based services, an increase in the availability of outpatient care, and a general trend on the part of health-care providers to promote community care.

Mental health services were available to seriously disturbed children at a number of mental health centres. During 1985/86, approximately 3,000 patients between the ages of 1 to 18 years were able to be seen. Services offered to children included clinical assessment, treatment and consultations.

Systematic development of services pursuant to the *Young Offenders Act* continued as additional professional clinical services were made available to communities outside of Victoria and Vancouver to augment services which the Forensic Psychiatric Services Commission provides to the courts.

In 1985/86, the Achievement Centre Program was transferred to Mental Health Services from the Ministry of Human Resources (now the Ministry of Social Services and Housing). Achievement centres provide community day programming for psychiatrically disabled adults. The transfer of the Achievement Centre Program represented the further consolidation of services to the mentally ill within the jurisdiction of Mental Health Services.

Similarly, Valleyview Hospital, the Provincial referral facility providing psychiatric care to the elderly, was transferred to Mental Health Services Division from the Continuing Care Division, thus uniting institutional psychiatric services under one Ministry program. This link was further forged in February 1986, with the formal amalgamation of Valleyview and the adjacent Riverview Hospital under one operational umbrella. The common facility is referred to as Riverview Hospital.

Mental Health Services launched a public review of the mental health service delivery system in 1985. Through a major and extensive public consultation process, plans will be developed to replace Riverview Hospital with more updated facilities, and to address long term improvements to the over-all service delivery system.

TABLE 18
Mental Health Services
Utilization statistics

	1983/84	1984/85	1985/86
Mental Health Centres (including Burnaby Day Program)			
Admissions.....	12,491	14,209	14,919
Separations.....	10,804	11,323	11,889
Total Caseload.....	18,418	21,304	23,434
Riverview Hospital			
Admissions.....	985	987	893
Separations.....	1,098	1,156	907
Bed Days.....	294,962	318,519	294,998
Average Occupancy per Day.....	806	873	808
Valleyview Hospital¹			
Admissions.....	—	—	190
Separations.....	—	—	169
Bed Days.....	—	—	134,812
Average Occupancy Per Day.....	—	—	368
Burnaby Psychiatric Services			
In-patient			
Bed Days.....	8,551	7,574	7,456
Total Caseload.....	434	396	366
Greater Vancouver Mental Health Services			
Out-patient (Community Care Teams)			
Intake.....	4,674	5,150	5,436
Admissions.....	2,249	2,591	2,615
Separations.....	2,214	2,379	2,833
Average Caseload.....	3,513	3,500	3,375
In-Patient			
Admissions.....	422	452	477
Separations.....	421	451	476
Bed Days.....	5,844	5,883	6,006
Community Residential Care			
Beds occupied per day (average).....	1,450	1,495	1,690 ²

¹ Transferred to Mental Health Services in 1985.

² Includes 163 transferred facilities.

Vital Statistics

The Division of Vital Statistics is responsible for the administration of the *Vital Statistics Act*, *Marriage Act*, *Name Act* and Part II of the *Wills Act*.

The *Vital Statistics Act* governs the registration of births, deaths, stillbirths, marriages, adoptions and divorces through a system of district registrars and the controlled issuance of certificates and photocopies of registrations. It includes special procedures for dealing with adoptions, delayed registrations of vital events, and effecting changes, corrections and cancellations of registrations.

The *Marriage Act* provides for the registration of ministers to solemnize marriage in British Columbia, the issuance of marriage licenses, and the solemnization of civil marriages. The Act has procedures for dealing with various irregularities in marriage, upholding of caveats against a marriage, validation of marriage, and the issuance of orders of re-marriage.

The *Name Act* provides for processing legal changes of name, including the election of a bride to retain her maiden surname, and the issuance of certificates of name changes.

The *Wills Act* provides for receiving and registering notices of the filing of wills and revocation or relocation of wills. It also makes provision for searches of will notices following the death of a testator and for issuance of certificates respecting notices on file.

The other function of the Division of Vital Statistics is to provide a biostatistical service to the Ministry of Health. Statistical information is compiled from the Division's registries for the use of health planners. The British Columbia Health Surveillance Registry is maintained for the recording, classification and analytical study of congenital and handicapping conditions.

TABLE 19
Registration, certificates, and other documents processed by
Division of Vital Statistics, 1983/84, 1984/85 and 1985/86

	1983/84	1984/85	1985/86
Registrations accepted under Vital Statistics Act ¹			
Birth registrations.....	43,356	46,638	43,695
Death registrations.....	18,897	18,025	21,739
Marriage registrations.....	26,562	23,432	23,011
Stillbirths.....	—	310 ¹	320
Materials issued by the central office			
Certificates issued ²	110,430	124,316	122,615
Photographic copies.....	36,721	25,779	22,510
Miscellaneous services ³	18,302	7,080	5,882
Wills, filed ⁴	69,384	84,598	72,182
Wills, searches.....	—	—	12,077
Counter services			
Certificates issued			
Vancouver.....	22,789	25,741	36,368
Victoria.....	4,991	6,265	5,265
Telephone calls			
Vancouver.....	38,667	42,400	43,335
Victoria.....	20,824	18,012	8,987
Marriage licenses			
Vancouver.....	5,064	5,063	5,036
Victoria.....	2,052	2,080	2,179
General Information ⁵			
Vancouver ⁶	—	4,500	7,880
Victoria.....	2,571	2,197	2,060
Total Revenue.....	\$1,565,000	\$1,650,959	\$2,830,000

¹ Approximate.

² Includes births, deaths and marriages.

³ Includes changes, legitimations, etc.

⁴ Figures for 1983/84 and 1984/85 include both wills filings and wills searches.

⁵ Includes general information inquiries, genealogy inquiries, document revisions, etc.

⁶ Information not available for 1983/84.

Institutional Services

INSTITUTIONAL SERVICES

Institutional Services comprises three major programs: Emergency Health Services, Continuing Care and Hospital Programs. Each is headed by an Executive Director who reports to the Assistant Deputy Minister, Institutional Services.

Emergency Health Services Commission

The Emergency Health Services Commission was established in July, 1974, to provide pre-hospital ground and air ambulance service. In addition, the Commission is responsible for the medical aspects of disaster planning, including maintenance of Federal emergency medical supplies, which are stockpiled around the province.

For operational purposes, the province is divided into six regions, each under the supervision of a regional manager. The Commission also operates a Vehicle Modification Depot to convert commercial vans into ambulances.

In 1985/86, the Commission operated 357 ambulances from 181 stations. Five Regional Dispatch Centres, located in Prince George, Kamloops, Nanaimo, Vancouver and Victoria, receive the majority of the requests for ambulance service. The Provincial Dispatch Centre, located in Victoria, co-ordinates the long-distance movements of patients by road and by air.

During 1985/86, the service responded to 220,855 calls, which represents an increase of 3.2% over the 1984/85 call volume. There were 7,843 long-distance trips arranged through the Provincial Dispatch Centre (3,173 by road and 4,671 by air), transporting a total of 7,908 patients. (Often there are incidents where more than one aircraft is used or more than one patient is carried.) This represents a 5.2% increase in air ambulance flights over the 1984/85 fiscal year.

Air ambulance services are provided by B.C. Government Air Services Branch and supplemented by suitable charter aircraft companies when required. A permanent "airvac" crew, consisting of Advanced Life Support and Infant Transport Team members, is stationed in Vancouver where the majority of the calls originate or terminate. These crews are Emergency Medical Assistant IIs, who work a staggered shift pattern to accommodate peak requirement periods. Advanced pediatric training has been established, which should be completed by the end of the 1986/87 fiscal year.

Fees for ambulance services have historically been billed by charging a basic rate, plus an amount per kilometre travelled for distances in excess of 40 km. There are two basic billing rates: the applicable rate is determined by whether the patient is a British Columbia resident, or whether a corporate entity or non-resident is responsible for payment of fees. In 1985/86, rates for residents were \$28 for the first 40 km, plus 29 cents per km, up to a maximum of \$180. Rates for non-residents were \$72 plus \$1.37 per km, with no maximum. There is no extra charge for air ambulance service or for trained escorts where these are approved prior to the journey.

Wherever possible, operations are confined to the province. However, in certain instances, because of geographical locations (such as those areas adjacent to the Alberta border), patients will be taken to Calgary or Edmonton hospitals at no extra charge. For non-residents, industrial accident victims, Workers' Compensation Board and other agency cases, charge for service is based on time and distance travelled.

Under contract, the Emergency Health Services Academy of the Justice Institute of British Columbia provides training to Commission employees. During the 1985/86 fiscal year, \$959,000 was paid to the Academy, which provided approximately 23,000 "student training days" of instruction.

There are three levels of training provided to Commission employees, Emergency Medical Assistant I — 80 hours training; Emergency Medical Assistant II — 240 hours training; Emergency Medical Assistant III — up to 18 months special training.

In 1985/86, the Commission employed 636 full-time ambulance driver/attendants, 56 full-time dispatchers, 54 full-time administrative and management personnel, plus an additional 2,000 or more part-time ambulance driver/attendants who work on a call-out basis.

The Commission expanded its review of low call volume stations, resulting in the redeployment of some existing personnel to other areas. During the year, several ambulance accommodations were upgraded or relocated to more suitable locations.

The Commission acquired 75 vehicles to replace part of the existing ambulance fleet. As the smaller van-type ambulances were shown to be operationally appropriate, 72 units of this type were ordered. Conversion of the basic vehicles into ambulances by the Vehicle Modification Depot began in March 1986, and was scheduled to be completed by November.

Conversion costs have been held in line with costs of the previous series of ambulances converted by the depot. Significant savings are achieved by converting basic vehicles into ambulances at the Depot, compared with purchasing equivalent units from private companies.

Considerable progress was made in the analysis and development of a program to improve and expand the operational communications system throughout the province. To be implemented in 1986/87, the program will significantly enhance the ability to respond to service demands from the public.

Emergency Health Services members work actively in their local communities to encourage citizen participation in pre-hospital care. Examples of this activity include training of the public in cardio-pulmonary resuscitation, visits to schools, distribution of children's "emergency" colouring books, and an active public relations program with mall displays and information pamphlets.

Continuing Care Division

The Continuing Care Division consists of the Long Term Care, Home Nursing Care, and Community Physiotherapy Programs. These programs integrate health-care services for acutely ill, handicapped and infirm people of all ages, especially the elderly, into a single comprehensive range of services. The philosophy of the Continuing Care Division emphasizes the role of the family and the community, by involving the family, wherever possible, and by providing services to ensure that the individual and his family are able to cope within their own resources.

The nature of the Continuing Care Division has required the establishment of a decentralized professional organization, with headquarters in Victoria providing over-all policy direction and control. Programs are delivered at the community level through 16 Provincial health units and 5 Municipal health departments. Field administrators based in each of the 21 local offices are responsible for the co-ordination and administration of programs in the community. This responsibility includes the identification of service needs, the development of societies or volunteer groups to initiate or expand resources, and the provision and co-ordination of services and resources within the community.

The Long Term Care Program is designed to assist adults with long-term, health-related problems to maintain an optimal level of independent functioning. Services may be provided in the home, the community, or in a residential care setting. The Continuing Care Division refers clients to appropriate agencies or programs, and purchases services on behalf of individuals eligible for Long Term Care Program benefits.

The Community Physiotherapy Program provides direct treatment, consultative and preventive services to clients in their homes, arranges provision of required equipment to cope with physical disabilities, and trains family members in assisting clients. There is no charge for services, but equipment such as wheelchairs, walking aids, and other devices is not funded by the program.

The Home Nursing Care Program provides professional nursing services delivered by Ministry of Health staff. Nursing care is provided to patients who are discharged early from

hospital, who require home nursing care services as an alternative to admission to an acute care hospital, who are terminally ill, or who require in-home nursing services for chronic illness and disability. Families of these patients are also assisted.

In recognition of its mandate to provide services which are supportive in nature and which allow individuals to remain at home as long as it is reasonable, safe, and practical to do so, the Division has reduced its reliance on facility-based services at the Personal Care level, while increasing efforts to maintain Personal Care clients in their own homes. As a result, planning is under way to convert a total of 1,500 Personal Care beds to the Intermediate Care level, at a cost of \$14 million over five years.

A revised funding system was introduced in April, 1984, for both private and non-profit facilities in the Long Term Care Program. This new system was implemented in order to eliminate funding inequities between the public and private sectors, and to ensure efficient, effective, and equitable service delivery. The reimbursement formula is based on three major groupings of costs: staffing; property charges; and administration, supplies and other costs. In 1985/86, a study was completed on the reimbursement of property charges for non-profit and privately-operated facilities. The Ministry and the organizations representing the industry are reviewing various alternatives to funding the property charges component of the formula.

The Division completed the development of a comprehensive planning model for all services. The intent was to develop a model which rationalizes services in an integrated and comprehensive manner. The model is population-based and will provide 5 to 10-year projections of need for each health unit and for the province as a whole.

The Long Term Care Program was able to achieve a significant increase of approximately ten per cent in the number of clients receiving Homemaker services from the 1984/85 to the 1985/86 fiscal year.

Access to Adult Day Care services was increased with the opening of new centres in Victoria and New Westminster. Another two centres, which primarily provided services to clients of the Ministry's Mental Health Services Division, were transferred to the jurisdiction of that division in March, 1986.

The Home Nursing Care Program carried out a study to describe the types of patients served and the services provided. Approximately 24% of patients were classed as acute care, 63% as chronic care, and 12% as palliative care (care for the dying).

The Community Physiotherapy Program served 2,466 new patients in 1985/86, compared with 2,338 in 1984/85 in the Provincial health units. The program has taken initiative in looking at the safety of disabled drivers, and at the potential and need for rehabilitation assistant personnel in community health services.

During 1985/86, the Division opened the 130-bed Yaletown House in Vancouver and the 50-bed Sunnybank House in Oliver to replace existing facilities. This brings to 4,292 the total number of new beds, in facilities operated by non-profit societies, which have been constructed since the inception of the Long Term Care Program in 1978.

Two new group homes were opened during the year in the Greater Vancouver area: Creekview, an experimental home for six high-lesion quadriplegics in the False Creek area, and the Surrey and White Rock Home Support Association Home, a four-person home for paraplegics. The establishment of these new homes increased the number of young, physically-disabled adults who were able to achieve a degree of independence in a home-like environment.

TABLE 20
Continuing Care Division
Institutional services, 1985/86

Type of Institution ¹	Number of Institutions ²	Number of Clients ³
Personal and Intermediate Care Facilities ¹	257	19,788
Acute Care Hospitals ¹	9	120
Licensed Private Hospitals ¹	37	2,881
Family Care Homes	90	195

¹ These are institutions governed by the *Hospital Act* or the *Community Care Facility Act*.

² These are agencies receiving payment.

³ Each client is counted once for each type of institution from which care was received.

TABLE 21
Continuing Care Division
Community services, 1985/86

Type of Community Service	Number of Agencies Receiving Payment ¹	Number of Clients ²
Homemakers	130	40,884
Adult Day Care	46	4,357
Group Homes	17	210
Home Nursing Care ³	81	30,257
Community Physiotherapy and Occupational Therapy ³	49	6,568

¹ In some cases an agency may operate more than one centre where service is provided. Home Nursing Care and Community Physiotherapy Programs are directly operated by the Ministry of Health; the "Number of Agencies" for those programs refers to the total number of offices and sub-offices in British Columbia offering those services.

² Each client is counted once for each type of community service from which care was received.

³ Data from one health unit was not available.

TABLE 22
Continuing Care Division
Clients receiving institutional care, by sex of client¹, 1985/86

Type of Institution	Female	Male	Total
Personal & Intermediate Care Facilities	13,044 (65.92%)	6,744 (34.08%)	19,788 (100%)
Acute Care Hospitals	70 (58.33%)	50 (41.67%)	120 (100%)
Licensed Private Hospitals	2,081 (72.23%)	800 (27.77%)	2,881 (100%)
Family Care Homes	100 (51.28%)	95 (48.72%)	195 (100%)

¹ Each client is counted once for each type of institution from which care was received.

TABLE 23
Continuing Care Division
Clients receiving community services, by sex of client¹, 1985/86

Type of Community Service	Female	Male	Total
Homemakers	29,102 (71.18%)	11,782 (28.82%)	40,884 (100%)
Adult Day Care	2,921 (67.04%)	1,436 (32.96%)	4,357 (100%)
Group Homes	76 (36.19%)	134 (63.81%)	210 (100%)
Home Nursing Care ²	17,792 (58.80%)	12,465 (41.20%)	30,257 (100%)
Community Physiotherapy and Occupational Therapy ²	4,343 (66.12%)	2,225 (33.88%)	6,568 (100%)

¹ Each client is counted once for each type of community service from which care was received.

² Data from one health unit was not available.

TABLE 24
Continuing Care Division
A comparison of the distribution of clients
receiving institutional and community services, by sex of client,¹ 1985/86

Type of Service	Female	Male	Total
Institutional Services	14,949 (66.49%)	7,534 (33.51%)	22,483 (100%)
Community Services ²	42,868 (65.08%)	23,006 (34.92%)	65,874 (100%)
Continuing Care Services ²	54,821 (65.42%)	28,975 (34.58%)	83,796 (100%)

¹ Each client is counted once for each type of service received.

² Data from one health unit was not available.

TABLE 25
Continuing Care Division
Care levels for institutional services,¹ 1985/86

Care Level	Personal and Intermediate Care Facilities	Acute Care Hospitals	Licensed Private Hospitals	Family Care Homes
Personal Care	995,187 (18.50%)	116 (0.66%)	1,185 (0.18%)	2,264 (6.68%)
Intermediate Care 1	1,856,716 (34.51%)	5,214 (29.83%)	26,210 (3.91%)	10,156 (29.98%)
Intermediate Care 2	1,433,712 (26.65%)	5,209 (33.76%)	66,782 (9.96%)	8,796 (25.96%)
Intermediate Care 3	886,222 (16.47%)	5,251 (30.04%)	309,410 (46.17%)	8,464 (29.98%)
Extended Care	208,521 (3.88%)	977 (5.70%)	266,584 (39.78%)	4,198 (12.39%)
Total	5,380,358 days	17,480 days	670,171 days	33,878 days

¹ Based on paid client days.

TABLE 26
Continuing Care Division
Care levels for community services, 1985/86

Care level	Homemakers ¹	Adult Day Care ²	Group Homes ²
Personal Care	1,522,356 (31.36%)	35,914 (31.85%)	13,586 (21.29%)
Intermediate Care 1	1,333,172 (27.46%)	37,882 (33.60%)	15,306 (23.99%)
Intermediate Care 2	813,149 (16.75%)	25,493 (22.61%)	9,534 (14.94%)
Intermediate Care 3	403,304 (8.31%)	6,600 (5.85%)	4,420 (6.93%)
Extended Care	782,980 (16.13%)	6,864 (6.09%)	20,956 (32.85%)
Total	4,854,961 hours	112,753 days	63,802 days

¹ Figures represent hours of service.

² Figures represent days of service.

TABLE 27
Continuing Care Division
Clients receiving institutional services, by age of client^{1,2}, 1985/86

Age Group	Personal and Intermediate Care Facilities	Acute Care Hospitals	Licensed Private Hospitals	Family Care Homes
0-19	5 (.03%)	— —	2 (0.07%)	5 (2.56%)
20-54	468 (2.37%)	4 (3.33%)	41 (1.42%)	20 (10.26%)
55-64	971 (4.91%)	6 (5.00%)	110 (3.82%)	12 (6.15%)
65-74	2,900 (14.66%)	20 (16.67%)	407 (14.13%)	40 (20.51%)
75-84	7,632 (38.57%)	59 (49.17%)	1,078 (37.42%)	66 (33.85%)
85 +	7,812 (39.48%)	31 (25.83%)	1,243 (43.14%)	52 (26.67%)
Total	19,788 (100%)	120 (100%)	2,881 (100%)	195 (100%)

¹ Age as of April, 1985.

² Each client is counted once for each type of institution from which care was received.

TABLE 28
Continuing Care Division
Clients receiving community services, by age of client^{1,2}, 1985/86

Age Group	Homemakers	Adult Day Care	Group Homes	Home Nursing Care ³	Community Physiotherapy/ Occupational Therapy ³
0-19	21 (0.05%)	2 (0.05%)	2 (0.95%)	1,479 (4.89%)	336 (5.12%)
20-54	2,256 (5.52%)	236 (5.42%)	187 (89.05%)	7,463 (24.67%)	779 (11.86%)
55-64	3,636 (8.89%)	334 (7.67%)	16 (7.62%)	4,308 (14.24%)	795 (12.10%)
65-74	11,374 (27.82%)	1,032 (23.69%)	5 (2.38%)	7,066 (23.35%)	1,621 (24.68%)
75-84	16,629 (40.67%)	1,853 (42.53%)	—	7,125 (23.55%)	2,025 (30.83%)
85 +	6,968 (17.04%)	900 (20.66%)	—	2,816 (9.31%)	1,012 (15.41%)
Total	40,884 (100%)	4,357 (100%)	210 (100%)	30,257 (100%)	6,568 (100%)

¹ Age as of April 1, 1985.

² Each client is counted once for each type of community service from which care was received.

³ Data from one health unit was not available.

TABLE 29
Continuing Care Division
A comparison of the distribution of clients receiving
institutional and community services, by age of client^{1,2}, 1985/86

Age Group	Institutional Services	Community Services ¹	Continuing Care Services ¹
0-19	11 (0.05%)	1,795 (2.72%)	1,803 (2.15%)
20-54	526 (2.34%)	9,810 (14.89%)	10,253 (12.24%)
55-64	1,069 (4.75%)	7,539 (11.44%)	8,408 (10.03%)
65-74	3,298 (14.67%)	16,888 (25.64%)	19,410 (23.16%)
75-84	8,640 (38.43%)	21,261 (32.28%)	27,895 (33.29%)
85 +	8,939 (39.76%)	8,581 (13.03%)	16,027 (19.13%)
Total	22,483 (100%)	65,874 (100%)	83,796 (100%)

¹ Age as of April 1, 1985.

² Each client is counted once for each type of service received.

¹ Data from one health unit was not available.

Hospital Programs Division

Hospital Programs Division is responsible for overseeing the operation of acute-care, rehabilitation and extended-care hospitals in British Columbia. The role of this Division is essentially that of a funding agency, with practical responsibility for facility operations remaining with the institutions. Although ultimate responsibility rests with the Minister of Health, an "arms-length" relationship is maintained with the facilities. Hospital Programs' mandate is to ensure that the Provincial Government receives value for the funds expended and that the hospitals' output justifies the funding allocated to them.

In addition, the Division monitors the quality of care; develops long-range capital plans; monitors, reviews, and adjusts facility funding allocations; and provides an investigative service with regard to specific concerns about the delivery system itself. Hospital Programs works closely with hospital facilities to encourage the introduction of innovative management and staffing techniques, particularly those associated with multi-unit management and cost-shared services and equipment.

Provincial funding for the operation of acute-care and extended-care hospitals is provided pursuant to the *Hospital Insurance Act*. The total allocation of operating grants covers 81% of expenditures. The balance of hospitals' gross expenditures are covered by other income sources, including co-insurance charges to patients, and income from other agencies such as the Workers' Compensation Board and Medical Services Plan. No operating funds are requisitioned from local municipalities, although hospitals do receive donations from the public, which may be used at their discretion.

Since 1982, Ministry funding has been allocated on a global basis, whereby hospitals do not receive adjustments for either deficits or surpluses. Quarterly reviews of each facility's performance are conducted, however, and adjustments to funding are made on a prospective basis to recognize workload changes and the hospital's efficiency, length of stay by patients, and other factors affecting the cost per weighted-patient-day in comparison to peer group hospitals.

Funding for hospital equipment is designated under the *Hospital Insurance Act* and Regulations, and administered and prioritized through the Equipment Grants Secretariat of Hospital Programs. Hospitals are allocated blocked amounts twice annually to cover acquisitions of items costing \$10,000 or less (items costing \$500 or less are funded by hospitals from their operating funds). Equipment grants are paid as follows: 75% of total cost for imaging and laboratory diagnostic equipment; 33 1/3% of total cost for other equipment; and 100% of total cost for designated provincial referral services.

Capital funding is grouped into four basic categories:

- (a) Major projects: normally refers to projects with a value of \$1 million or more; funding is shared 60% by the Province and 40% by the Regional Hospital District.
- (b) Treasury Board minor projects: costing between \$100,000 and \$1 million; funding is shared 60% by the Province and 40% by the Regional Hospital District.
- (c) Minor capital projects: costing between \$1,000 and \$100,000; funds are provided 60% by the Province and 40% by the hospital.
- (d) Energy conservation projects: Hospital programs funds a 100% grant program for energy conservation projects (from \$500 to \$75,000) that meet a three-year pay-back criterion.

A total of \$136,956,000 worth of planning and construction projects were completed in 1984/85 and \$43,830,000 worth of projects were completed in 1985/86.

Hospital Programs is made up of a number of Branches: Medical Consultation, Administrative and Support Services, Planning and Construction, and five Regional Teams. The teams are responsible for providing the necessary Ministry contact with hospital boards and administration, ensuring adherence to quality of care and safety standards, and performing quarterly monitoring of hospital operations and financial allocations. This includes the investigation of anomalies and recommendations for their resolution, as well as recommendations for operating costs, capital costs, capital construction, and equipment purchases. Interactive relationships with the following groups are thus ensured:

- (a) Hospital Boards: Hospitals are owned and operated by self-governing, autonomous societies or corporations, and their boards of management are responsible for the policies for day-to-day operations and for planning with the Ministry to establish the role of their facilities.
- (b) Administrators: The majority of hospitals operate with an administrator responsible for the day-to-day operations of one or more facilities. These facilities may offer different levels of service.
- (c) B.C. Health Association: This association is a voluntary agency of hospital trustees and administrators. Hospital Programs maintains an active role in several functions with the BCHA, most notably the Economics, Patient Care, and Computer Committees. Major policy changes being considered by the Ministry are normally discussed with the BCHA prior to implementation.
- (d) B.C. Medical Association: The Ministry works closely and co-operatively with the BCMA through Continuing Advisory Subcommittees (CASC), Temporary Advisory Subcommittees (TASC), and Special Committees. These committees have a mandate to assess the types and appropriateness of specific services, as well as to make recommendations on provincial objectives and policies.
- (e) University of B.C. Medical Faculty: A close, informal working relationship is maintained on a number of general issues. Formal co-ordination includes joint provincial committees on Interns and Residents, and on Medical Manpower.
- (f) Medical Appeal Board: The Ministry maintains an active, support relationship with this board, which consists of representatives from the College of Physicians and Surgeons, BCMA, BCHA, College of Dental Surgeons, plus four appointees of the Minister of Health.
- (g) Other: Hospital Programs also maintains an active relationship with the following groups, which receive funding separately from that allocated to hospitals: Canadian

Red Cross; Health Labour Relations Association; the Arthritis Society; B.C. Drug and Poison Information Centre; the B.C. Health Care Systems Society; and the B.C. Transplant Society.

In addition to these relatively formal interface mechanisms, Hospital Programs has taken an active informal role to further encourage co-operation between the Ministry and the field. These initiatives include: Hospital Programs educational seminar series (open to hospital staff); major seminar presentations to BCHA, B.C. Institute of Chartered Accountants, Union of B.C. Municipalities (Regional Hospital Districts); site visits by the regional teams; and travelling presentations to explain financial policies and procedures.

1985/86 Highlights

The B.C. Transplant Society was formed in late 1985 to co-ordinate all aspects of organ transplantation throughout the province. The society is a joint venture of the Ministry of Health, the University of B.C. Faculty of Medicine, Vancouver General Hospital, St. Paul's Hospital and Children's Hospital. Its offices are located at Vancouver General Hospital. The society will undertake a program of public awareness to publicize the importance of donating human organs and will promote educational activities and scientific research relating to organ transplants. The objective of increasing organ transplants will be met through the efforts of the society.

A new \$2.3-million kidney lithotripter was installed at Vancouver General Hospital in 1985, the first such device in a Canadian hospital. The machine is used in non-surgical kidney stone removal treatments. The patient sits in a bath of water while focused shock waves are aimed at the stones. The beams gradually pulverize the stones into small grains of sand which are easily passed in urination. The treatments are a cost-effective alternative to surgery, since the cost of lithotripsy is less than half that of regular surgery.

TABLE 30
Hospital Programs
Hospital construction projects completed, 1985/86

Hospital	Project	Cost
		\$
Kelowna General.....	Fire and Code upgrading.....	1,200,000
Canadian Red Cross.....	Victoria Blood Transfusion Centre.....	1,260,000
Vancouver General.....	Acute-care redevelopment.....	33,800,000
Royal Jubilee, Victoria.....	Royal Block addition.....	7,400,000
Whistler.....	Diagnostic & Treatment Centre.....	170,000
Total		\$43,830,000

TABLE 31
Hospital patient separations according to responsibility
for coverage and type of health care

	1982/83	1983/84	1984/85	1985/86
(1) B.C. Public Hospitals (total)				
Acute/Rehab.	411,640	419,432	423,509	418,266
Long Term Care	3,243	2,936	3,279	3,127
Extended Care	3,779	4,305	5,075	5,399
Newborn	44,402	45,584	45,048	44,683
(2) Covered by Hospital Programs (included above)				
Acute/Rehab.	397,644	406,010	410,380	405,300
Long Term Care	3,240	2,930	3,269	3,118
Extended Care	3,760	4,279	5,050	5,372
Newborn	43,514	42,731	44,282	43,879
(3) Percentage of total covered by Hospital Programs				
Acute/Rehab.	96.6	96.8	96.9	96.9
Long Term Care	99.9	99.8	99.7	99.7
Extended Care	99.5	99.4	99.5	99.5
Newborn	98.0	98.2	98.3	98.2

TABLE 32
Hospital patient days and utilization statistics
according to responsibility for coverage and type of care.

	1982/83	1983/84	1984/85	1985/86
(1) B.C. Public Hospitals (total)				
Acute/Rehab.	3,197,456	3,214,120	3,250,695	3,201,496
Long Term Care	227,366	199,344	204,108	223,710
Extended Care	2,091,632	2,246,063	2,449,373	2,492,459
Newborn	223,545	213,469	212,439	218,763
(2) Covered by Hospital Programs				
Acute/Rehab.	3,087,312	3,111,124	3,150,701	3,103,992
Long Term Care	227,101	199,016	203,456	223,059
Extended Care	2,081,758	2,233,144	2,438,101	2,480,482
Newborn	219,163	227,101	208,855	215,028
(3) Percentage of total covered by Hospital Programs				
Acute/Rehab.	96.6	96.8	96.9	96.9
Long Term Care	99.9	99.8	99.7	99.7
Extended Care	99.5	99.4	99.5	99.5
Newborn	98.0	98.2	98.3	98.2
(4) Average length of stay (in days)				
Acute/Rehab.	8.27	8.09	7.7	7.7
Long Term Care	—	—	62.8	65.3
Extended Care	553.67	521.88	419.2	409.1
Newborn	5.03	5.31	4.7	4.9

¹ Estimated patient days (including newborn) per 1,000 population covered by Hospital Programs: 1982/83—1,299; 1983/84—1,257; 1984/85—1,249; 1985/86—1,104. (Because the Armed Forces, Royal Canadian Mounted Police, and some other groups are not insured under the Provincial Plan, the actual incidence of days would be somewhat higher than shown). In addition, estimated patient days per 1,000 population for extended care amounted to: 1982/83—747; 1983/84—779; 1984/85—826; 1985/86—859. Population according to census figures as of October 1, 1985 = 2,900,400.

TABLE 33
Hospital Programs patient separations
from B.C. hospitals and average length of stay
(grouped according to bed capacity) 1985/86

	Total	250 beds and over	100 to 249	50 to 99	25 to 49	Under 25
Patient separations						
Acute/Rehab.	418,266	205,715	118,878	53,471	27,953	12,609
LTC in Acute	3,127	1,714	941	267	140	65
Extended Care	5,399	2,408	1,077	415	449	1,050
Newborn	44,683	16,879	18,789	5,320	2,651	1,044
Patient days						
Acute/Rehab.	3,103,992	1,673,217	854,100	336,575	179,759	60,341
LTC in Acute	223,059	119,061	72,432	16,472	11,325	3,769
Extended Care	2,480,482	897,817	557,505	265,367	159,705	600,088
Newborn	215,028	86,751	90,913	23,468	10,107	3,789
Average length of stay (in days)						
Acute/Rehab.	7.7	8.4	7.4	6.5	7.1	5.0
LTC in Acute	65.3	62.4	71.8	53.1	85.3	53.2
Extended Care	409.1	327.5	448.5	545.0	327.6	536.9
Newborn	4.9	5.2	4.8	4.5	3.8	3.7

TABLE 34
Percentage distribution of Hospital Programs
patient separations and patient days
(grouped according to bed capacity) 1985/86

	250 beds and over	100 to 249	50 to 99	25 to 49	Under 25
	%				
Patient separations	49.18	28.42	12.78	6.59	3.01
Acute/Rehab./LTC in Acute	54.81	30.09	8.53	4.47	2.07
Extended	44.60	19.94	7.68	8.31	19.44
Newborn	37.77	42.04	11.90	5.93	2.33
Patient days	53.90	27.51	10.84	5.79	1.94
Acute/Rehab./LTC in Acute	53.37	32.47	7.38	5.07	1.68
Extended	36.19	22.47	10.69	6.43	24.19
Newborn	40.34	42.27	10.91	4.70	1.76

TABLE 35
Summary of Hospital Programs outpatient treatments
(visits) by category 1982/83 — 1985/86

	1982/83	1983/84	1984/85	1985/86
Physiotherapy.....	645,418	687,939	707,359	672,459
Occupational therapy.....	75,907	88,044	92,640	97,519
Other therapy.....	27,588	35,953	47,501	43,894
Surgical daycare.....	108,507	118,472	130,890	141,531
Emergency short stay.....	1,132,465	1,126,751	1,115,145	1,205,397
Psychiatry: Day/Night.....	66,475	65,328	66,543	53,030
Diabetic daycare.....	10,463	12,684	14,930	16,122
Renal daycare.....	24,440	27,883	34,207	32,446
Psychiatry visits.....	42,009	48,300	50,127	56,915
Dietetic counselling.....	48,795	67,457	92,058	64,119
Special clinics.....	181,047	208,505	235,216	244,180
Other outpatient.....	161,866	193,586	229,896	215,338
ECG/EEG/Nuclear imaging.....	238,683	269,797	273,253	241,173
Ultrasound/CT scan/Diagnostic radiology.....	982,713	1,029,067	1,070,778	1,124,707
Therapeutic radiology.....	57,367	58,509	60,261	66,940
Respiratory therapy.....	33,460	36,628	43,998	73,680
Outpatient total.....	3,837,203	4,074,903	4,264,802	4,349,450

TABLE 36
Summary of Hospital Programs inpatients and outpatients
1982/83 — 1985/86

	Total Acute/Rehabilitation and Extended	Estimated number of emergency daycare and outpatient	Total receiving benefits
1982/83.....	458,423	3,837,203	4,295,626
1983/84.....	469,371	4,074,903	4,544,274
1984/85.....	474,263	4,264,802	4,739,065
1985/86 ¹	467,831	4,349,450	4,817,281

¹ Amended as per final report received from hospital.

**Ministry of
Health
Expenditures**

TABLE 37
Ministry of Health
Expenditure by principal programs
For the fiscal years 1985/86 and 1984/85

	1985/86	1984/85
	\$	\$
Statutory		
Veteran's Hospital Agreement (<i>Financial Administration Act</i>)	43,071	78,962
Minister's Office.....	189,599	181,470
Management Operations		
Central Administration.....	14,018,470	10,840,916
Support Services.....	47,495,761	48,826,359
Special Care Services Grant.....	4,874,971	4,920,991
	<u>66,621,872</u>	<u>64,848,698</u>
Preventive and Community Health Care Services		
Preventive Services.....	44,469,842	44,011,755
Vancouver Bureau.....	16,156,231	15,671,457
Vital Statistics.....	2,527,785	2,505,638
Forensic Psychiatric Services.....	15,845,628	14,797,321
Alcohol and Drug Programs.....	20,001,402	18,688,077
Mental Health Services.....	109,778,963	88,517,644
	<u>208,779,851</u>	<u>184,191,892</u>
Institutional Services		
Hospital Programs.....	1,441,190,761	1,384,775,296
Long-Term Care.....	296,647,801	310,308,347
Emergency Health Services.....	56,162,835	50,907,616
	<u>1,794,001,397</u>	<u>1,745,991,259</u>
Medical Services Commission.....	916,349,582 ¹	891,367,796 ²
	<u><u>2,985,752,702</u></u>	<u><u>2,886,399,645</u></u>

¹ The expenditure of \$916,349,582 shown for Medical Services Commission is the gross operating cost as shown in the detailed statements of the Public Accounts. The actual charge to Vote 39 was \$561,170,962 and covered the subsidy by the province for low-income residents and the estimated deficits not covered by premiums and other revenue.

² The expenditure of \$891,367,796 shown for Medical Services Commission is the gross operating cost as shown in the detailed statements of the Public Accounts. The actual charge to Vote 36 was \$562,554,189 and covered the subsidy by the province for low-income residents and the estimated deficits not covered by premiums and other revenue.

Exhibit A

Medical Services Commission of British Columbia
Statement of financial position
as at March 31, 1986

	1986	1985
	\$	\$
Assets		
Cash	9,699,094	5,107,056
Accounts receivable	3,880,208	1,827,826
Due from the Province of British Columbia	133,777,873	146,207,826
	<u>147,357,175</u>	<u>153,142,708</u>
Liabilities		
Accounts payable	4,098,229	3,407,187
Premiums received in advance	47,267,708	47,436,787
Estimated liability for unprocessed and unprocessed benefit claims	95,991,238	102,298,734
	<u>147,357,175</u>	<u>153,142,708</u>

The accompanying notes are an integral part of these financial statements.

Approved by the Commission:
 Dr. D.M. Bolton, *Chairman*.

AUDITOR'S REPORT

To the Chairman of the
 Medical Services Commission of British Columbia, and
 To the Minister of Health
 Province of British Columbia

I have examined the statement of financial position of the Medical Services Commission of British Columbia as at 31 March 1986 and the statement of operations for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1986 and the results of its operations for the year then ended in accordance with the accounting principles described in Note 2, applied on a basis consistent with that of the preceding year.

ERMA MORRISON, F.C.A.
Auditor General

Victoria, British Columbia
 27 June 1986

Exhibit B

**Medical Services Commission of British Columbia
Statement of operations
for the year ended March 31, 1986**

	1986	1985
	\$	\$
Revenue		
Subscribers' premiums	355,178,620	328,813,607
Premium assistance — Province of British Columbia	85,336,837	79,267,934
	<u>440,515,457</u>	<u>408,081,541</u>
Expenditure		
Benefits		
Medical care	830,936,509	812,931,834
Supplementary benefits	57,451,700	53,057,847
	<u>888,388,209</u>	<u>865,989,681</u>
Administration		
Data processing	11,371,431	9,516,971
General office	3,105,745	2,862,151
Salaries	13,484,197	12,998,993
	<u>27,961,373</u>	<u>25,378,115</u>
	<u>916,349,582</u>	<u>891,367,796</u>
Excess of operating expenditure over revenue	(475,834,125)	(483,286,255)
Contributions from the Province of British Columbia	475,834,125	483,286,255
	<u>—</u>	<u>—</u>

Medical Services Commission of British Columbia

**Notes to Financial Statements for the
year ended March 31, 1986**

1. The Commission

The Medical Services Commission was established, effective 1 July 1986, by the Government of the Province of British Columbia under the Medical Service Act and regulations, to administer and operate the Medical Services Plan.

2. Significant accounting policies

These financial statements have been prepared in accordance with generally accepted accounting principles except that:

- (i) Premiums from individual subscribers are included as revenue only when cash is received and the revenue is earned.
- (ii) The cost of furniture and equipment is charged to administration expenses in the year of acquisition.
- (iii) Employees' holiday pay is not accrued.

3. Relationship with the Province of British Columbia

The Ministry of Health absorbs certain costs that normally would be charged to the Commission; for example, occupancy costs.